

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90025 025 ***150.00

DOCUMENT # P01000066865

1. Entity Name
DR MICHAEL EDWARD TOWNSEND MD PA

Principal Place of Business

Mailing Address

ORMOND BCH FL 32174

ORMOND BCH FL 32174

800 Sterthaus Suite B
Ormond Beach, FL 32174

2. Principal Place of Business

800 Sterthaus, Suite B

3. Mailing Address

800 Sterthaus Suite B

Suite, Apt. #, etc.

Suite B

Suite, Apt. #, etc.

Suite B

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

4. FEI Number

59-3727679

Applied For

Not Applicable

Zip

32174

Country

Volusia

Zip

32174

Country

Volusia

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Michael E. Townsend

Street Address (P.O. Box Number is Not Acceptable)

800 Sterthaus

Suite B

City

Ormond Beach

FL

Zip Code

32174

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Michael E. Townsend MD PA

1-14-02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be

Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
TOWNSEND, MICHAEL E
~~800 Sterthaus Suite B~~
800 Sterthaus Suite B
ORMOND BCH FL 32174

☐ Delete

TITLE
NAME
STREET ADDRESS
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☐ Change ☐ Addition

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael E. Townsend

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-14-02 (386) 304-7989

CR2E034 (9/01)