

5/9/

FILED
May 29, 2002 8:00 am
Secretary of State

05-09-2002 90033 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000096384

1. Entity Name **PATRICK J. HARRIS D.O. P.A.**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
530 Zeagler Dr.3. Mailing Address
530 Zeagler Dr.Suite, Apt. #, etc.
Suite BSuite, Apt. #, etc.
Suite B

DO NOT WRITE IN THIS SPACE

City & State
Palatka, FLCity & State
Palatka, FL4. FEI Number **593747307**Applied For
Not ApplicableZip
32177Country
USAZip
32177Country
USA5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Patrick J. Harris
Street Address (P.O. Box Number is Not Acceptable)
530 Zeagler Dr.**Suite B**City
Palatka **FL** Zip Code
32177

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

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

(NOTE: Registered Agent signature required when not using)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P, S & D Patrick J. Harris 530 Zeagler Dr. Suite B Palatka, FL 32177	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. Harris, D.O. **4/29/02**

Date

Daytime Phone #

CR20034B (12/01)