## **2002 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000103969  1. Entity Name P O BOX SURGEONS INC						FILED 02 AUG 20 AM 10: 39					
											Principal Place P O BOX 603 GAINESVILLE
·											
2. Principal Pl	3. Mailing Address	ng Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State	9	City & State			4.	4. FEI Number Applied For					
		Zip Country				5	9 <u> </u>	701		Not Applicable	
Zip	Country	Zip	Countr		5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name and Address of Current Re	egistered Agent		Name	7.	Nam	ne and Address of New	Registere	ed Agent -		
ALICEA' MIDM AND TOLICM					Street Address (P.O. Box Number is Not Acceptable)						
5449 SW 91 TERR						DOX					
GAINESVILLE FL 32608											
				ĺ	City FL Zip Code						
8. The above	named entity submits this statement for t	he purpose of changing its	registere	ed office or r	egistered a	agent	, or both, in the State of	Florida.			
SIGNATURE _	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE	: Registere	d Agent signature	required whe	n reinsta	ating)	DAT	ſE		
9 This corns	pration is eligible to satisfy its Intangible	FILE NOW!	! FEE	IS \$150.0	0						
Tax filing requirement and elects to do so. (See criteria on back)		After May 1, 200 Make Check Payab	will be \$55	0.00 of State				led to Fees			
11.	OFFICERS AND D		12.			ADDIT	TIONS/CHANGES TO O	FICERS A			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ALICEA-KIRKLAND, TRUDY 5449:SW 91 TERR GAINESVILLE FL 32608	☐ Delete							☐ Chang	E D Addition	
TITLE	VT	☐ Delete	TITLI	E					☐ Chang	e 🔲 Addition	
NAME STREET ADORESS CITY-ST-ZIP	KIRKLAND, JAMES R 5449 SW 91 TERR GAINESVILLE FL 32608			E Et address , -st-zip		×	900007	3702- 150.00	3379 -01074-		
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TITLE		☐ Delete	TITL						☐ Chang	e 🔲 Addition	
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TITLE NAME STREET ADDRESS		☐ Delete	NAM STRE						Chang	e	
CITY-ST-ZIP				-ST-ZIP							
indicated	certify that the information supplied with to on this report or supplemental report is to poration or the receiver or trustee empower, or on an attachment with an address, where the supplement with an address, where the supplement with an address, where the supplement with an address.	rue and accurate and that m	ny signa as requi	ture shall ha	ve the sam	ne lea	al effect as it made linds	er oatn; tha ime appea	at I am an ome ers in Block 11	er or director - U	

SIGNATURE:

352 367-9727

Attachment

## P O Box Surgeons, Inc

5449 SW 91 Ter Gainesville, FL., 32627-6096#P0/000/03969

August 13, 2002

SENT VIA CERTIFIED MAIL

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS PO BOX 6327 TALLAHASSEE FL 32314-6327

Dear Sir or Madam:

Our check in the amount of \$150.00 is enclosed along with the 2002 Uniform Business Report (UBR).

Since early January, 2002, my husband, James R. Kirkland and Vice President of our company, has been seriously ill with esophageal cancer. He has only recently recovered enough to involve himself in the P O Box Surgeons, Inc. business affairs.

Unknowingly to me, he placed the 2002 Uniform Business Report forms you sent us in the file for the CPA's use in filing our 2001 federal income taxes, thinking that it would be completed prior to April 15<sup>th</sup>, 2002.

Unfortunately, his condition worsened and we were forced to file for an extension to August 15<sup>th</sup> on our 2001 income taxes. Our CPA discovered the form in the file late last week and turned it over to us on Monday, August 12<sup>th</sup>.

Since we only started our corporation in late 2001 we were unaware of the annual Uniform Business Report requirement. We request that you please waive the penalty fee. Rest assured, we will be on time in the future.

Sincerely yours,

Trudv√Alicea-Kirkland

President