

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2003 8:00 am
Secretary of State

02-05-2003 90118 001 ***150.00

DOCUMENT # P02000018849

1. Entity Name
TERRELL R. WEBB, M.D., P.A.



Principal Place of Business
**P. O. BOX 510983
PUNTA GORDA FL 33951-0983**

Mailing Address
**P. O. BOX 510983
PUNTA GORDA FL 33951-0983**



2. Principal Place of Business

**525 EAST OLYMPIA AVE
SUITE 5**

3. Mailing Address

**525 EAST OLYMPIA AVE
SUITE 5**

☒ CHECK HERE IF MAKING CHANGES

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

4. FEI Number
010593823

Applied For
☐ Not Applicable

Zip
33950

Country
USA

Zip
33950

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DUNN, RANDALL F
329 E. OLYMPIA AVE.
PUNTA GORDA FL 33951**

7. Name and Address of New Registered Agent

Name **TERRELL R. WEBB, M.D.**
Street Address (P.O. Box Number is Not Acceptable)
**525 EAST OLYMPIA AVE
SUITE #5**
City **PUNTA GORDA** FL Zip Code **33950**

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. I am familiar with, and accept the obligations of registered agent.

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

**TERRELL R. WEBB, M.D.
PRESIDENT**

1/13/03
DATE

(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEBB, TERRELL R 525 E. OLYMPIA AVE., UNIT 5&6 PUNTA GORDA FL 33950	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03 941 575-2222
Date Daytime Phone #

CR2E034 (10/02)