

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 22, 2003 8:00 am
Secretary of State

01-22-2003 90140 012 ***150.00

DOCUMENT # P02000085526

1. Entity Name

SUSAN KATHERINE ADLMAN, P.A.



Principal Place of Business

**4009 SIOUX CIRCLE
JACKSONVILLE FL 32259**

Mailing Address

**4009 SIOUX CIRCLE
JACKSONVILLE FL 32259**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0418396

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, KEITH H
8810 GOODBY'S EXECUTIVE DRIVE
SUITE A
JACKSONVILLE FL 32217**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Susan K. Adlman 4009 Sioux Circle Jacksonville, FL 32259
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

Susan K. Adlman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

ATTACHMENT



JOHNSON AND JOHNSON, P.A.

ATTORNEYS AND COUNSELORS AT LAW

8810 GOODBY'S EXECUTIVE DRIVE, SUITE A
JACKSONVILLE, FLORIDA 32217
(904) 737-5930 · FAX (904) 737-5966
www.johnsonandjohnsonpa.com

KEITH H. JOHNSON
BOARD CERTIFIED TAX ATTORNEY
CERTIFIED PUBLIC ACCOUNTANT

LOUIS A. FRASHUER
ATTORNEY AT LAW, CMA, EA

R. DENISE JOHNSON
ATTORNEY AT LAW

8009589
P02000085526

January 17, 2003

U.S. CERTIFIED MAIL

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Re: Susan Katherine Adlman, P.A.
EIN: 51-0418396

Dear Madam/Sir:

Please find enclosed the follow documents for processing by your agency:

1. 2002 Uniform Business Report (UBR).

If you have questions regarding these documents, please feel free to call.

Sincerely,

Keith H. Johnson

Enclosures

As Stated
\$150 Low Firm Check

c. Susan Adlman