

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000019936

1. Entity Name

GENE F. ARMSTRONG, INC.

Principal Place of Business

1001 BENEVA RD 1233 N. GULFSTREAM  
SUITE 350 AVE 801  
SARASOTA FL 34233 34236  
US

Mailing Address

1001 BENEVA RD 1233 N. GULFSTREAM  
SUITE 350 AVE 801  
SARASOTA FL 34233 34236  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0425327

Applied For

Not Applicable

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

ARMSTRONG, GENE F  
1001 BENEVA RD 1233 N. GULFSTREAM AVE  
SUITE 350 801  
SARASOTA FL 34233 34236

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.

SIGNATURE

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

CR2E034 (9/01)

TITLE PSTD  
NAME ARMSTRONG, GENE F  
STREET ADDRESS 1001 BENEVA RD STE 350 1233 N. GULFSTREAM  
CITY-ST-ZIP SARASOTA FL 34236 AVE. 801

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

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CITY-ST-ZIP

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 601, 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.

Gene F. Armstrong  
Gene Armstrong, M.D.

3/13/02 841-923-9262

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR