# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000020266

**1. Entity Name**

James W. MEDLOCK DDS, PA

| Principal Place of Business | Mailing Address |
|---|---|
| 2326 South Congress Avenue - SUITE 1-D<br>WEST PALM BEACH FL 33406 | |

**2. Principal Place of Business**
2326 South Congress Avenue

Suite, Apt. #, etc.
Suite 1-D

City & State
West PALM BEACH FL

Zip 33406   Country USA

**3. Mailing Address**
SAME

Suite, Apt. #, etc.

City & State

Zip   Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number** 65-0414934

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 |
|---|---|
| James W. MEDLOCK | Name James W. Medlock<br>Street Address (P.O. Box Number is Not Acceptable)<br>4200 North Ocean Drive # 1801<br>City RIVIERA BEACH FL Zip Code 33404 |

**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 $550.00**
After September 12, 2001 Fee will be $750.00
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 | | |
|---|---|---|---|---|
| TITLE President/owner<br>NAME 4200 North Ocean Drive #1801<br>STREET ADDRESS<br>CITY-ST-ZIP RIVIERA BEACH FL 33404 | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE James W. MEDLOCK<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS 0000004653620--<br>CITY-ST-ZIP -10/25/01--01070--007<br>*******8.74 *******8.74 | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change | ☐ Addition |
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**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 of trustee empowered to execute this report as required by Chapter 607, 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.

SIGNATURE: _____ 7/29/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (5/01)