

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000022810

1. Entity Name

LYNN M. DAVIDSON, M.D., P.A.

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90077 007 ***150.00

Principal Place of Business

Mailing Address

31922 U.S. HWY. 19 N.
SUITE 488
PALM HARBOR FL 34684

31922 U.S. HWY. 19 N.
SUITE 488
PALM HARBOR FL 33761-1032

2. Principal Place of Business

3. Mailing Address

✓ 702 WATERSEIDE CT

✓ 702 WATERSEIDE CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

None

None

City & State

City & State

✓ JARON SPRINGS, FL

✓ JARON SPRINGS, FL

Zip

Zip

34689 USA

34689 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3231972

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

DAVIDSON, LYNN M
31922 U.S. HWY. 19 N.
SUITE 488
PALM HARBOR FL 34684

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, 2000 Fee will be \$350.00
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	D	<input type="checkbox"/> Delete
NAME	DAVIDSON, LYNN M	
STREET ADDRESS	31922 U.S. HWY. 19 N., SUITE 488	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	LYNN M DAVIDSON - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LYNN M DAVIDSON - <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	702 WATERSEIDE CT
CITY-ST-ZIP	JARON SPRINGS, FL 34689
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)