

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAY 23 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

1. Entity Name *Dr. James B.M. Bullard, A.A.*
994 000031126



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13230 US Hwy 1
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Sebastian FL

City & State

Zip Country

32958 Indian

4. FEI Number

65-0480584

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *Emily Bullard*
Street Address (P.O. Box Number is Not Acceptable)
13230 US Hwy 1

City *Sebastian* FL Zip Code *32958*

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 *Emily A. Bullard*
Signature, typed or printed name of registered agent and title if applicable.

Emily G. Bullard
(NOTE: Registered Agent signature required when reinstating)

5/19/03
DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 *President*
NAME *James Bullard*
STREET ADDRESS *13230 US Hwy 1*
CITY-ST-ZIP *Sebastian FL 32958*

TITLE *Vice President*
NAME *Emily Bullard*
STREET ADDRESS *13230 US Hwy 1*
CITY-ST-ZIP *Sebastian FL 32958*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Emily A. Bullard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/03 (772) 589-8744
Date Daytime Phone #

CR2E034B (12/02)



DR. JAMES R.M. BULLARD, P.A.

CHIROPRACTIC PHYSICIAN

13230 N. U.S. HIGHWAY 1 • SEBASTIAN, FLORIDA 32958 • 589-8744

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

We are aware that our annual report and \$150.00 fee is due on May 1, 2003. Enclosed, please find the fee. However, we have not received the report to fill out.

Our tax I.D. number is 65-0480584, issued to James R.M. Bullard, P.A.

Please forward a report and we will complete it promptly.

Thank you for your attention to this matter. We apologize for any inconvenience.