

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2001 8:00 am
Secretary of State

0064181

DOCUMENT # P94000048007

04-23-2001 90137 010 ***150.00

1. Entity Name
THOMAS B. BLAKE III, M.D.,P.A.

Principal Place of Business Mailing Address
308 GROVELAND ST 308 GROVELAND ST
ORLANDO FL 32804 ORLANDO FL 32804

00050425



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **331 N. MAITLAND AVE**
 3. Mailing Address **331 N. MAITLAND AVE**

Suite, Apt. #, etc. **Suite A-2** Suite, Apt. #, etc. **Suite A-2**

City & State **Maitland, FL** City & State **Maitland, FL**

Zip **32751-4749** Country **ORANGE** Zip **32751-4749** Country **ORANGE**

4. FEI Number **59-3249672** 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

BLAKE, THOMAS B III
308 GROVELAND ST
ORLANDO FL 32804

Name
 Street Address (P.O. Box Number is Not Acceptable)
331 N. MAITLAND AVE
Suite A-2
 City **Maitland** FL Zip Code **32751**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THOMAS B. BLAKE III 3008 GROVE LAND ST ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Thomas B. Blake III 331 N. Maitland Ave. Ste A-2 Maitland, FL 32751-4749
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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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

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: *Thomas B. Blake III M.D., P.A.*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01 407-629-5141
 Date Daytime Phone #

CFR2E034 (10/00)