

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 22, 2001 8:00 am**  
**Secretary of State**

05-22-2001 90640 035 \*\*\*150.00

DOCUMENT # **095000006370**

1. Entity Name

**J. Bradley Hall, D.M.D., PA**

Principal Place of Business

Mailing Address

**11945 San Jose Blvd.**

**#101**

**Jacksonville, FL 32223**

2. Principal Place of Business

**11945 San Jose Blvd.**

3. Mailing Address

**11945 San Jose Blvd**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**#101**

**#101**

City & State

City & State

**Jacksonville, FL**

**Jacksonville, FL**

Zip

Country

Zip

Country

**32223 Duval**

**32223 Duval**

4. FEI Number

**59-3303647**

Applied For

Not Applicable

☒ Certificate of Status Desired

☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

☒ Name and Address of New Registered Agent

**J. Bradley Hall DMD, PA**  
**11945 San Jose Blvd Suite 101**  
**Jacksonville FL 32223**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

☒ 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

☒ 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, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

☒ 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** ☐ Delete  
 NAME **J. Bradley Hall DMD**  
 STREET ADDRESS **11945 San Jose Blvd Suite 101**  
 CITY-ST-ZIP **Jacksonville FL 32223**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Delete  
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TITLE ☐ Change ☐ 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 #

**4/27/01 9042626188**

CR2E034 (11/00)