

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
 04-18-2002 90497 019 ***150.00

0002509 AV

DOCUMENT # P95000095683
 1. Entity Name
BLOOMFIELD & BLOOMFIELD PAIN CONTROL CLINIC, INC

Principal Place of Business Mailing Address
900 SOUTH MARION STREET. SUITE B **900 SOUTH MARION STREET. SUITE B**
LAKE CITY, FL 32025 **LAKE CITY FL 32025**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3349345**

Applied For
 Not Applicable

Zip Country

Zip Country

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

BLOOMFIELD, FRANK W
900 SOUTH MARION STREET, SUITE B
LAKE CITY FL 32025

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, 2002 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		TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
	PCD	BLOOMFIELD, GLORIA	900 S MARION ST	LAKE CITY FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VPST	BLOOMFIELD, FRANK	900 S MARION ST	LAKE CITY FL	<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
					<input type="checkbox"/> Delete				<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)