

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000002041

1. Entity Name

HEALTH TRIALS 3000, INC.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90124 046 ***150.00

Principal Place of Business
2370 South Third Street
~~2000 SOUTH 3RD STREET~~
JACKSONVILLE BEACH FL 32250

Mailing Address
2370 Third Street
~~2000 SOUTH 3RD STREET~~
JACKSONVILLE BEACH FL 32250-4023

00000100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2370 South Third St

3. Mailing Address
2370 S Third St

Suite, Apt. #, etc.

City & State
Jacksonville Bch FL

City & State
Jacksonville Bch, FL

Zip
32250

Country
USA

Zip
32250

Country
USA

4. FEI Number **59-3373636**

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

BEARDSLEY, DALE A ESQ.
225 WATER STREET STE 1400
JACKSONVILLE FL 32202-5147

Name
John Ondrejicka MD, PA

Street Address (P.O. Box Number is Not Acceptable)
2370 S. Third St

City
Jacksonville Bch

FL

Zip Code
32250

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 \$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	D	<input type="checkbox"/> Delete
NAME	ONDREJICKA, JOHN	
STREET ADDRESS	2380 SOUTH 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, LINDA	
STREET ADDRESS	2380 SOUTH 3RD STREET	
CITY-ST-ZIP	JACKSONVILLE BEACH FL 32250	
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"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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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)