

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000020958

1. Entity Name
BETH S. PEARCE, D.P.M., P.A.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90075 024 ***150.00

Principal Place of Business
204 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE FL 32086

Mailing Address
204 SOUTHPARK CIRCLE EAST
ST. AUGUSTINE FL 32086

2. Principal Place of Business
105 Southpark Blvd.
Suite, Apt. #, etc.
Ste. A103
City & State
St. Augustine, FL

3. Mailing Address
105 Southpark Blvd.
Suite, Apt. #, etc.
Ste. A103
City & State
St. Augustine, FL

Zip
32086
Country
USA

Zip
32086
Country
USA

4. FEI Number **59-3379490**

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

PEARCE, BETH S
120B KINGFISHER DRIVE
PONTE VEDRA BEACH FL 32082

Name
Beth S. Pearce
Street Address (P.O. Box Number is Not Acceptable)
161 Sawmill Lakes Blvd.
City **Ponte Vedra Beach** **FL** Zip Code
32082

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 *Beth S. Pearce DPM* 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. ☐ (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

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	D PEARCE, BETH S 161 SAWMILL LALES BLVD PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President 161 Sawmill Lakes Blvd.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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: *Beth S. Pearce*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

(904) 824-0869

CR2E034 (10/00)