2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State
04-17-2000 90055 020 ***150.00

938681

DOCUMENT # P96000045807

1. Entity Name: Anthony Ferris, OD, PA

Principal Place of Business: 335 Semoran Blvd. Fern Park, Fl. 32730 U.S.

Mailing Address: ~~533 One Center Blvd. # 316 Altamonte Springs, Fl. 32701~~, U.S.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
355 Semoran Blvd	514 Orange Drive
Suite, Apt. #, etc	Suite, Apt. #, etc. #30 (Correct)
City & State: Fern Park, Fl.	City & State: Altamonte Springs, Fl.
Zip: 32730 Country: U.S.	Zip: 32701 Country: U.S.

4. FEI Number: 65-0672352 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
Anthony Ferris
514 Orange Drive #30
#316
Altamonte Springs, Fl. 32701

7. Name and Address of New Registered Agent
Name: Anthony Ferris
Street Address (P.O. Box Number is Not Acceptable): 514 Orange Drive
#30
City: Altamonte Springs FL Zip Code: 32701

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	P ☐ Delete	TITLE	P ☒ Change ☐ Addition
NAME	Anthony Ferris	NAME	Anthony Ferris
STREET ADDRESS	514 Orange Drive #30 #316	STREET ADDRESS	514 Orange Drive #30
CITY-ST-ZIP	Altamonte Springs Fl. 32701	CITY-ST-ZIP	Altamonte Springs, Fl. 32701
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Anthony Ferris OD PA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #