

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075185

1. Entity Name

JOHN P. ARTHUR, P.A.

Principal Place of Business

14502 N DALE MABRY HWY
TAMPA FL 33618

Mailing Address

P.O. BOX 273449
TAMPA FL 33688-3449

2. Principal Place of Business

1900 CENTRE POINTE BLVD.

3. Mailing Address

Suite, Apt. #, etc.

#139

City & State

TALLAHASSEE, FL

City & State

Zip

32308

Country

Country

4. FEI Number 59-3408489

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STORMS, RONDA R
2129 CROSBY RD
VALRICO FL 33594

7. Name and Address of New Registered Agent

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, 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

TITLE PT
NAME ARTHUR, JOHN P
STREET ADDRESS 12607 STILLWATER TERRACE DR
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE VPS
NAME ARTHUR, PATRICIA J
STREET ADDRESS 12607 STILLWATER TERRACE DR
CITY-ST-ZIP TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1900 CENTRE POINTE BLVD #139
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1900 CENTRE POINTE BLVD. #139
CITY-ST-ZIP TALLAHASSEE, FL 32308

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

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:

John P. Arthur, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

850 671-1932

Daytime Phone #

0027963

CR2E034 (10/00)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90410 018 ***150.00

00029533



DO NOT WRITE IN THIS SPACE