

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90394 036 ***150.00

DOCUMENT # **P96000081961**

1. Entity Name

J. DAVID KERCE, P.A.

669614

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

210 S. BEACH, ST.

3. Mailing Address

PO BOX 470

Suite, Apt. #, etc.

Suite 200B

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

DAYTONA BEACH, FL

City & State

DAYTONA BEACH, FL

4. FEI Number

59-3437700

Applied For

Not Applicable

Zip

32114

Country

USA

Zip

32115

Country

USA

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

7. Name and Address of Current Registered Agent

Name **J. DAVID KERCE**

Street Address (P.O. Box Number is Not Acceptable) **210 S. BEACH ST. Suite 200B**

City **DAYTONA BEACH** FL **32114**

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is **\$150.00**

After May 1, Fee is **\$350.00**

Amended UBR is **\$81.25**

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 **Pres.**
NAME **J. DAVID KERCE**
STREET ADDRESS **210 S. BEACH ST. Suite 200B**
CITY-ST-ZIP **DAYTONA BEACH, FL 32114**

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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 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 #

4/30/02

386 258 0073

CR2E034B (12/01)