

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000082243

1. Entity Name

HOWARD BLOUNT, M.D., P.A.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90326 006 ***150.00

Principal Place of Business

2001 MERCY DRIVE, SUITE 101
ORLANDO FL 32808

Mailing Address

2001 MERCY DRIVE, SUITE 101
ORLANDO FL 32808-5619

2. Principal Place of Business

6001 SILVER STAR RD

Suite, Apt. #, etc.

SUITE 1A

City & State

ORLANDO FL

Zip

32808

Country

USA

3. Mailing Address

P.O. Box 681520

Suite, Apt. #, etc.

City & State

ORLANDO FL

Zip

32808

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3398203

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

BLOUNT, HOWARD
2001 MERCY DRIVE, SUITE 101
ORLANDO FL 32808

Name

HOWARD BLOUNT

Street Address (P.O. Box Number is Not Acceptable)

6001 SILVER STAR RD. &

SUITE 1A

City

ORLANDO

FL

Zip Code

32808

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 ☐ Delete
NAME D
STREET ADDRESS BLOUNT, HOWARD
CITY-ST-ZIP 2001 MERCY DRIVE, SUITE 101
ORLANDO FL 32808

TITLE ☒ Change ☐ Addition
NAME BLOUNT, HOWARD
STREET ADDRESS 6001 SILVER STAR RD, SUITE 1A
CITY-ST-ZIP ORLANDO FL 32808

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: *Howard Blount* *Howard Blount* 4/26/00 (407) 290-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
PRESIDENT

CR2E034 (9/99)