

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

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91192 005 ***550.00

DOCUMENT # P96000084098

1. Entity Name

HOWARD B. WEISS, D.O., P.A.

DO NOT WRITE IN THIS SPACE

B0124120

2. Principal Place of Business
6800 Southpoint Park-

3. Mailing Address
6800 Southpoint Park-

Suite, Apt. #, etc.

way, Suite 101

Suite, Apt. #, etc.

way, Suite 101

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip 32216

Country USA

Zip 32216

Country USA

4. FEI Number

59-3403905

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Volpe, Bajalia, Wickes & Rogerson

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

1301 Riverplace Blvd., Suite 1700

City

Jacksonville

FL

Zip Code 32207

**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 \$550.00
Amended UBR is \$61.25
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
NAME
D, P, S, T
Weiss, Howard B.
STREET ADDRESS
6800 Southpoint Parkway #101
CITY - ST - ZIP
Jacksonville, FL 32216

TITLE
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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)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 #

5/21/02

904-296-9939

CR2E034B (12/01)