

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000006755

1. Entity Name

HAROLD H. CATLIN, P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90208 014 ***150.00

Principal Place of Business

76 S LAURA ST
SUITE 1703
JACKSONVILLE FL 32202

Mailing Address

76 S LAURA ST
SUITE 1703
JACKSONVILLE FL 32202-3320

2. Principal Place of Business

200 E. Forsyth St.
Suite, Apt. #, etc.

3. Mailing Address

200 E. Forsyth St.
Suite, Apt. #, etc.

City & State

Jacksonville, Fla.

City & State

Jacksonville, Fla.

4. FEI Number

59-3421866

Applied For

Not Applicable

Zip

Country

32202

Duval

Zip

Country

32202

Duval

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

CATLIN, HAROLD H
76 S LAURA ST
SUITE 1703
JACKSONVILLE FL 32202

Name

Harold H. Catlin

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

200 E. Forsyth St.

City

Jacksonville

FL

Zip Code

32202

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

Harold H. Catlin

1/10/00

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	D	<input type="checkbox"/> Delete
NAME	CATLIN, HAROLD H	
STREET ADDRESS	76 S LAURA ST SUITE 1703	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WHALEN, PATRICIA D	
STREET ADDRESS	76 S LAURA ST SUITE 1703	
CITY-ST-ZIP	JACKSONVILLE FL 32202	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Harold H. Catlin
P.A.

1/10/00

904-
354-4660

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)