## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## P97000011610 **DOCUMENT #** 1. Entity Name

K.J. CHASON, D.O., PA



**FILED** Jan 14, 2003 8:00 am Secretary of State

01-14-2003 90071 007 \*\*\*150.00

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Principal Place of Business 114 W. FIFTH AVENUE TALLAHASSEE FL 32303 US		Mailing Address 114 W. FIFTH AVENUE TALLAHASSEE FL 32303					
00		US			Í	111 H11 H15 H	<b>3</b> 1
2. Principal	Place of Business	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-3444327	<u> </u>	Applied For Not Applicable	
Zip	Country	Zip	Countr	ry	5. Certificate of Status Desired	\$8.75 A Fee Requi	dditional
<del></del>	6. Name and Address of Current R	legistered Agent			7. Name and Address of New Register	•	
CHASON	I, K J D.O.			Name			
	IFTH AVENUE			Street Address (F	P.O. Box Number is Not Acceptable)		
	SSEE FL 32303		-			<del></del>	
•				00			·
				City		Zip Co	
<ol><li>The above the obligation</li></ol>	e named entity submits this statement for tions of registered agent.	the purpose of changing its	s registered	d office or registere	ed agent, or both, in the State of Florida. I a	ım familiar with	n, and accept
	and of regions of agont.						
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOT	TE: Segistered A	Agent signature required v	urbon reinstation)	<u> </u>	
	FILE NOW!!! FEE IS \$150.00				when reinstating) DAT	<u>-</u>	
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of \$	State			Election Campaign Financing     Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHASON, K J 114 W. FIFTH AVENUE TALLAHASSEE FL 32303	☐ Delete	TITLE NAME STREET	ADORESS		☐ Change	☐ Addition
TITLE		☐ Delete	TITLE				<u> </u>
NAME .			NAME			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET /	ADDRESS 1-ZIP	All the second s	- /	
TITLE		☐ Delete	TITLE			☐ Change	☐ Addition
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TITLE		[7]	CITY-ST	- ZIP			
NAME		Delete	TITLE NAME			☐ Change	☐ Addition
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TREET ADDRESS	t with the case in the		STREET A	l l	and the second s	- T	
0, 11			CITY_ST-	.7IP			- 1

12. 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 vuster impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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