

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

0051876 AV

DOCUMENT # P97000059586

1. Entity Name

SOUTHEASTERN OSTEOPOROSIS SERVICES, INC.

04-11-2002 90041 040 ***150.00

Principal Place of Business

Mailing Address

~~4551-N DAVIS HWY~~

~~4551-N DAVIS HWY~~

~~STE 1A~~

~~STE 1A~~

PENSACOLA FL 32503

PENSACOLA FL 32503



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

4511 N. DAVIS HWY

4511 N. DAVIS HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 1C

Suite 1C

City & State

City & State

Pensacola FL

Pensacola FL

Zip

Zip

32503

32503

Country

Country

USA

USA

4. FEI Number

65-0779608

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

SOULE, THEODORE W

316 S BAYLEN STREET STE 560

PENSACOLA FL 32501

Name

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

City

FL

Zip Code

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, 2002 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 NAME ☐ Delete
D BAST, STEPHEN D
 STREET ADDRESS **3795 FLINTWOOD ROAD**
 CITY-ST-ZIP **PENSACOLA FL 32504**

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

TITLE NAME ☐ Delete
D DAVIS, PAUL E
 STREET ADDRESS **947 VESTAVIA WAY**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE NAME ☐ Delete
D GOTTHELF, GARY
 STREET ADDRESS **4179 MADURA ROAD**
 CITY-ST-ZIP **GULF BREEZE FL 32561**

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

TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

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 STREET ADDRESS
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TITLE NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
 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:

Stephen D Bast
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04-05-02 (850) 477-0775

CR2E034 (9/01)