

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066490

1. Entity Name

LAWRENCE A. ROSS D.C., P.A.

FILED
Apr 28, 2001 8:00 am
Secretary of State

04-28-2001 90072 034 ***150.00

Principal Place of Business

2401 SOUTH US HIGHWAY ONE
FT PIERCE FL 34982
US

Mailing Address

2401 SOUTH US HIGHWAY ONE
FT PIERCE FL 34982
US

2. Principal Place of Business

1341 NE Jensen Beach Blvd
Suite, Apt. #, etc.

3. Mailing Address

1341 NE Jensen Beach Blvd
Suite, Apt. #, etc.

City & State

Jensen Beach FL

Zip

34957

Country

US

City & State

Jensen Beach FL

Zip

34957

Country

US

4. FEI Number

59-3466470

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0054966



6. Name and Address of Current Registered Agent

UCC FILING & SEARCH SERVICES, INC.
526 EAST PARK AVE.
STE. 200
TALLAHASSEE FL 32302

7. Name and Address of New Registered Agent

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's 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, 2001 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

TITLE PD
NAME ROSS, LAWRENCE A
STREET ADDRESS 5514 BUCHANAN DR.
CITY-ST-ZIP FT PIERCE FL 34982 ☐ Delete

TITLE STD
NAME ROSS, DEBRA
STREET ADDRESS 5514 BUCHANAN DR.
CITY-ST-ZIP FT PIERCE FL 34982 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/20/01 561 225 2270

CR2E034 (10/00)