

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90084 028 ***150.00

DOCUMENT # P97000080616

1. Entity Name
LON A. BOUTIETTE M.D., P.A.

Principal Place of Business

**4509 S BRISTOL CT
 NICEVILLE FL 32578
 US**

Mailing Address

**4509 S BRISTOL CT
 NICEVILLE FL 32578
 US**

429014



2. Principal Place of Business

950 Choctawhatchee Dr
 Suite, Apt. #, etc.

3. Mailing Address

950 Choctawhatchee Dr
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Niceville FL
 Zip **32578** Country **US**

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Niceville FL
 Zip **32578** Country **US**

4. FEI Number **59-3467491**

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BOUTIETTE, LON A
 302 OLD POST ROAD
 NICEVILLE FL 32578**

7. Name and Address of New Registered Agent

Name **Boutiette Lon A**
 Street Address (P.O. Box Number is Not Acceptable) **950 Choctawhatchee Dr**
 City **Niceville** **FL** Zip Code **32578**

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 *Lon A. Boutiette* **03-27-02**
 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

TITLE **PVST** ☐ Delete
 NAME **BOUTIETTE, LON A**
 STREET ADDRESS **302 OLD POST ROAD**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE **D** ☐ Delete
 NAME **BOUTIETTE, LON A**
 STREET ADDRESS **302 OLD POST ROAD**
 CITY-ST-ZIP **NICEVILLE FL 32578**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **950 Choctawhatchee Dr**
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **950 Choctawhatchee Dr**
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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: *Lon A. Boutiette* **03-27-02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)