

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90051 035 ***150.00

DOCUMENT # P97000090997

1. Entity Name
DARREN R. BLOM, O.D., P.A.

Principal Place of Business

**129 9TH AVENUE SOUTH
 JACKSONVILLE FL 32250**

Mailing Address

**129 9TH AVENUE SOUTH
 JACKSONVILLE FL 32250**

2. Principal Place of Business

14454 Basilham Ln
 Suite, Apt. #, etc.

3. Mailing Address

14454 Basilham Ln
 Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

4. FEI Number

65-0798317

Applied For

Not Applicable

Zip

32258

Country

USA

Zip

32258

Country

USA

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

6. Name and Address of Current Registered Agent

**BLOM, DARREN R O.D.
 129 9TH AVENUE SOUTH
 JACKSONVILLE FL 32250**

7. Name and Address of New Registered Agent

Name **BLOM, DARREN R O.D.**

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

14454 Basilham Ln

City **Jacksonville**

FL

Zip Code

32258

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)

1-29-02

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 **D** ☒ Delete
 NAME **BLOM, DARREN R O.D.**
 STREET ADDRESS **129 9TH AVENUE SOUTH**
 CITY-ST-ZIP **JACKSONVILLE FL 32250**

TITLE **D** ☒ Delete
 NAME **BLOM, DARREN R O.D.**
 STREET ADDRESS **14454 Basilham Ln**
 CITY-ST-ZIP **Jacksonville FL 32258**

TITLE ☐ Delete
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 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
 NAME **BLOM, DARREN R O.D.**
 STREET ADDRESS **14454 Basilham Ln**
 CITY-ST-ZIP **Jacksonville FL 32258**

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:


 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-29-02 (904) 727-3399

CR2E034 (9/01)