

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90047 047 ***150.00

DOCUMENT # P98000001700

1. Entity Name

JEANETTE M. BILLET, M.D., P.A.

Principal Place of Business

Mailing Address

1920 WALDEMERE STREET
SUITE 201
SARASOTA FL 34239PO BOX 4234
SARASOTA FL 34230-4234

612204

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0804064

Not A

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUICKER, MICHAEL J ESQ
240 N. WASHINGTON BLVD.
SUITE 325
SARASOTA FL 34237

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE PD ☐ Delete
NAME BILLET, JEANETTE M MD
STREET ADDRESS P.O. BOX 2767
CITY-ST-ZIP SARASOTA FL 34230-2767TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☒ Change ☐
NAME
STREET ADDRESS 1920 WALDEMERE STREET, STE 2.
CITY-ST-ZIP SARASOTA FL 34239TITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
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CITY-ST-ZIPTITLE ☐ Change ☐
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐
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 12, if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeanette M Billett MD, P.A. (as Pres)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/27/2000 (941) 917-8

Daytime Phone #