

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91224 032 ***150.00

DOCUMENT # P98000014935

1. Entity Name
ERIC L.S. LO, M.D., P.A.

Principal Place of Business
**501 LIVE OAK, suite C,
 NEW SMYRNA BEACH FL 32168.**

Mailing Address
**6051 SABAL HAMMOCK CIRCLE
 PORT ORANGE FL 32124**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business-
501 Live Oak Street

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite C

City & State

City & State

New Smyrna Beach, FL

Zip

Country

Zip

Country

32168

4. FEI Number **91-1896241**

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

**CHAMBERLIN, DWIGHT
 210 SOUTH BEACH STREET
 SUITE 200
 DAYTONA BEACH FL 32114**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **L.S. LO, ERIC**
 CITY-ST-ZIP **6051 SABAL HAMMOCK CIRCLE
 PORT ORANGE FL 32124**

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

TITLE ☐ Delete
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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 persons empowered.

SIGNATURE: **SIGNATURE OF ERIC L.S. LO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/02 (386)4248440

Date

Daytime Phone #

CR2E034 (9/01)