

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2002 8:00 am**  
**Secretary of State**

07-28-2002 90175 029 \*\*\*550.00

**DOCUMENT # P98000015282**

**1. Entity Name**  
**THE COUNTRY DOCTOR'S OFFICE, INC.**

**Principal Place of Business**

**116 E. PARK AVE.**  
**CHIEFLAND FL 32644**

**Mailing Address**

**P.O. BOX 2497**  
**CHIEFLAND FL 32644**

**2. Principal Place of Business**

**113 N.E. 1<sup>ST</sup> STREET**

**3. Mailing Address**

Suite, Apt. #, etc.

**City & State**

**CHIEFLAND FLA**

**City & State**

**Zip**

**Country**

**32626**

**USA**

**Zip**

**Country**

**4. FEI Number**

**59-3491936**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**BECK, PHILLIP K**  
**11151 N.W. 115TH ST.**  
**CHIEFLAND FL 32644**

**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. I am familiar with, and accept the obligations of registered agent.**

**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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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** **PVD** ☐ Delete  
**NAME** **MOTT, WILLIAM J D.O.**  
**STREET ADDRESS** **228 S.E. AVE.**  
**CITY-ST-ZIP** **CHIEFLAND FL 32644**

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

**TITLE** ☐ Delete  
**NAME** **ST**  
**STREET ADDRESS** **GRIFFIS, DAVE CPA**  
**CITY-ST-ZIP** **500 NY AVE., UNIT 35**  
**DUNEDIN FL 34698**

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

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

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

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**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) RECEIVED**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**07/25/02**  
**Date**

**352-490-5700**  
**Daytime Phone #**

CR2E034 (4/02)