

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000034899

1. Entity Name

DAWN SHEPHERD MILES, D.P.M., P.A.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90049 026 ***150.00

Principal Place of Business

Mailing Address

530 ZEAGLER DRIVE SUITE B
 PALATKA FL 32177

530 ZEAGLER DRIVE SUITE B
 PALATKA FL 32177-3813

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 59-3506617

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

MILES, DAWN SHEPHERD D.P.M.
 227 BOULEVARD DES PINS
 ST. AUGUSTINE FL 32084

Name: Miles, Dawn Shepherd DPM
 Street Address (P.O. Box Number is Not Acceptable): 148 Cedar Ridge Circle
 City: St Augustine FL Zip Code: 32084

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: Dawn S. Miles DPM, President 2/28/00
 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 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	PD	<input type="checkbox"/> Delete
NAME	MILES, DAWN S	
STREET ADDRESS	148 CEDAR RIDGE CIRCLE	
CITY-ST-ZIP	ST. AUGUSTINE FL 32084	
TITLE	VSTD	<input type="checkbox"/> Delete
NAME	SHEETS, HOLLY A	
STREET ADDRESS	4729 INNISBROOK CT NORTH	
CITY-ST-ZIP	ELKTON FL 32083	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sheets, Holly A.	
STREET ADDRESS	138 Heron's Nest Lane	
CITY-ST-ZIP	St Augustine FL 32084	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 2/28/00 (904) 328-7228
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Daytime Phone #

CR2E034 (9/99)