2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2002 8:00 am
Secretary of State
01-09-2002 90011 040 ***150.00

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DOCUMENT # P98000038137

1. Entity Name
LARRY J. LATOUR, O.D., P.A.

Principal Place of Business	Mailing Address
14530 WEST ML KING BLVD. ALACHUA FL 32616 US	P.O. BOX 2170 ALACHUA FL 32616

9-1-1 CHANGE

B00000..

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
15551 N.W. SR 441	SAME
Suite, Apt. #, etc.: UNIT 110	Suite, Apt. #, etc.
City & State: ALACHUA, FL	City & State
Zip: 32615 Country: ALACHUA	Zip Country

4. FEI Number 59-3504605 ☐ 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
LATOUR, LARRY J 14530 WEST MARTIN LUTHER KING BLVD ALACHUA FL 32616 NO AGENT CHANGE only ADDRESS CHANGE	Name: 9-1-1 ADDRESS CHANGE Street Address (P.O. Box Number is Not Acceptable): 15551 NW SR 441 UNIT 110 City: ALACHUA FL Zip Code 32615

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D LATOUR, LARRY J P.O. BOX 2170 N/A/ ALACHUA FL 32616 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED Larry J. LaTour OD PA 1/7/02 386-462-7772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #