

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 29, 2002 8:00 am
Secretary of State

07-29-2002 90007 011 ***150.00

DOCUMENT # P98000038770

1. Entity Name
DOUGLAS H. BARLOW, M.D., P.A.

Principal Place of Business

**8194 GLADE RD
 BOCA RATON FL 33434**

Mailing Address

**8194 GLADE RD
 BOCA RATON FL 33434**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0838654**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**BARLOW, DOUGLAS H
 750 LOCK ROAD
 DEERFIELD BEACH FL 33442**

**8194 GLADES RD
 BOCA RATON, FL 33434**

Name

Street Address (P.O. Box Number is Not Acceptable)

8194 GLADES RD

City

BOCA RATON

FL

Zip Code

33434

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BARLOW, DOUGLAS H**
 CITY-ST-ZIP **750 LOCK ROAD**
DEERFIELD BEACH FL 33442

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **8194 GLADES RD.**
 CITY-ST-ZIP **BOCA RATON, FL 33434**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/02 561 488-4480

CR2E034 (4/02)

Attachment P98000038770/675941

July 23, 2002

To The Department of State,

Please accept my apologies for sending in this fee late. This was the first notice that we received. Enclosed is a check for \$150. 00.

Thank You,



Douglas Barlow, M.D.

Douglas H. Barlow, M.D., F.A.A.P.

8194 Glades Road
Boca Raton, Florida 33434
Phone (561) 488-4480
Fax (561) 488-4454