

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2002 8:00 am
Secretary of State

04-26-2002 90008 025 ***150.00

DOCUMENT # P98000039211

1. Entity Name

PAMELA ANN SCHURMAN, D.O., P.A.

Principal Place of Business

**1544 BERRYHILL MEDICAL PARK
 MILTON FL 32570**

Mailing Address

**1544 BERRYHILL MEDICAL PARK
 MILTON FL 32570**

2. Principal Place of Business

4498 HWY 90

Suite, Apt. #, etc.

3. Mailing Address

4498 HWY 90

Suite, Apt. #, etc.

City & State

PACE FL

City & State

PACE FL

4. FEI Number

59-3513196

Applied For

Not Applicable

Zip

32571

Country

USA

Zip

32571

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SCHURMAN, PAMELA ANN D.O.
 1544 BERRYHILL MEDICAL PARK
 MILTON FL 32570**

7. Name and Address of New Registered Agent

Name **PAMELA ANN SCHURMAN**

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

4498 HWY 90

City

PACE

FL

Zip Code

32571

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)

4-12-02

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

TITLE **D** ☐ Delete
 NAME **SCHURMAN, PAMELA ANN D.O.**
 STREET ADDRESS **5494 ROWE TRAIL**
 CITY-ST-ZIP **PACE FL 32571**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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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:

PAMELA ANN SCHURMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-11-02

Date

850-594-2771

Daytime Phone #

CR2E034 (9/01)