

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2000 8:00 am
Secretary of State

06-13-2000 90005 046 ***150.00

DOCUMENT # **P98000063795 R**

1. Entity Name

Kenneth Drake Ozment, P.A.

Principal Place of Business

Mailing Address

**840 N. Fed. Hwy
Suite 250
N. Palm Bch, FL 33408**

2. Principal Place of Business

3. Mailing Address

840 N. Fed. Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

N. Palm Bch

Zip

Country

Zip

Country

33408

USA

00063305

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Kenneth Drake Ozment
840 N. Fed. Hwy
Suite 250
N. Palm Bch, FL 33408**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Kenneth Drake Ozment

6/7/00

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

TITLE **President** ☐ Delete
NAME **Kenneth Drake Ozment**
STREET ADDRESS **840 N. Fed. Hwy, Suite 250**
CITY-ST-ZIP **N. Palm Bch, FL 33408**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Kenneth Drake Ozment**
STREET ADDRESS **840 N. Fed. Hwy, Suite 250**
CITY-ST-ZIP **N. Palm Bch, FL 33408**

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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:

Kenneth Drake Ozment, P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/7/00
Date

561-352-8102
Daytime Phone #

CR2E034 (9/99)