

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000100830

1. Entity Name

MARTHA J. STRICKLAND, M.D., P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90120 050 ***150.00

Principal Place of Business

1715 HODGES BLVD #2701
JACKSONVILLE FL 32224

Mailing Address

PO BOX 3319
SARASOTA FL 34230-3319

2. Principal Place of Business

14180 Spanish Point Dr
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

Country

32225

Country

4. FEI Number

59-3547368

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

STRICKLAND, MARTHA J
1715 HODGES BLVD #2701
JACKSONVILLE FL 32224

Name Martha J. Strickland (same person
new address)
Street Address (P.O. Box Number is Not Acceptable)

14180 Spanish Point Dr

City JACKSONVILLE FL Zip Code 32225

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

Martha J. Strickland MD Martha J. Strickland

2/11/00

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 ☐ Delete
NAME STRICKLAND, MARTHA J
STREET ADDRESS 1715 HODGES BLVD #2701
CITY-ST-ZIP JACKSONVILLE FL 32224

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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:

Martha J. Strickland MD Martha J. Strickland 2/11/00 942204089

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #