

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000105854

1. Entity Name

JEANNE D. MONTROSS, A.R.N.P., P.A.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90011 043 ***150.00

Principal Place of Business

Mailing Address

2447 SO. 3RD. ST.
JACKSONVILLE BEACH FL 32250

2447 SO. 3RD. ST.
JACKSONVILLE BEACH FL 32250

2. Principal Place of Business

2344 S. 3RD ST.

3. Mailing Address

2344 S. 3RD ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Jacksonville Bch, FL 32250

City & State

Jame

Zip

32250

Country

USA

Zip

32250

Country

USA

4. FEI Number

59-3546815

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

BLANKENSHIP, KIMBERLY A ESQ.
1300 MARS LANDING PKWY STE 108
JACKSONVILLE BEACH FL 32250-6310

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

Jeane D. Montross

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

(NOTE: Registered Agent signature required when reinstating)

3/5/01

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, 2001 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 **D**
STREET ADDRESS **MONTROSS, JEANNE D A.R.N.P**
CITY-ST-ZIP **2447 SO. 3RD. ST.**
JACKSONVILLE BEACH FL 32250

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jeane D. Montross

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/01

Date

904 246-7766

Daytime Phone #

CR2E034 (10/00)