

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000005397**

1. Entity Name

JAMES L. PADGETT, P.A.

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90019 009 ***158.75

Principal Place of Business Mailing Address
10 Central Avenue 10 Central Avenue
Crescent City, FL 32112 Crescent City, FL 32112

2. Principal Place of Business
10 Central Avenue

3. Mailing Address
10 Central Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Crescent City, FL

City & State
Crescent City, FL

4. FEI Number
59-3551320

Applied For
Not Applicable

Zip
32112

Country
USA

Zip
32112

Country
USA

5. Certificate of Status Desired **XX** **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Elizabeth A. Morris
P O BOX 1816
Palatka, FL 32177

Name
James L. Padgett
Street Address (P.O. Box Number is Not Acceptable)
10 Central Avenue

City
Crescent City **FL** Zip Code
32112

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.

James L. Padgett

4/26/00

(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 ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY** ☒ Delete
NAME **Elizabeth A. Morris**
STREET ADDRESS **113 N. 4th Street**
CITY-ST-ZIP **Palatka, FL 32177**

TITLE **SECRETARY** ☐ Change ☒ Addition
NAME **James L. Padgett**
STREET ADDRESS **10 Central Avenue**
CITY-ST-ZIP **Crescent City, FL 32112**

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
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: 

James L. Padgett

4/26/00

904-698-1011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)