

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90107 039 ***150.00

DOCUMENT # P99000025979

1. Entity Name

SHADY ROAD PROFESSIONAL CENTER, INC.

Principal Place of Business

Mailing Address

**3019 SOUTHWEST 27TH AVENUE #202
OCALA FL 34474**

**3019 SOUTHWEST 27TH AVENUE #202
OCALA FL 34474**

2. Principal Place of Business

1700 SE 17th Street

3. Mailing Address

1700 SE 17th Street

Suite, Apt. #, etc.

#300

Suite, Apt. #, etc.

#300

City & State

Ocala FL

City & State

Ocala FL

Zip

34471

Country

USA

Zip

34471

Country

USA

4. FEI Number

59-3576914

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOYD, ROY T
3019 SW 29TH AVE STE 202
OCALA FL 34474**

7. Name and Address of New Registered Agent

**Roy Thad Boyd III
1700 SE 17th Street
#300
Ocala FL 34471**

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 reinstalling)

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

TITLE **D** ☐ Delete
NAME **GRAY, STEVEN H**
STREET ADDRESS **125 N.E. 1ST AVENUE #1**
CITY-ST-ZIP **OCALA FL 34470**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Roy Thad Boyd III**
STREET ADDRESS **1700 SE 17th Street, #300**
CITY-ST-ZIP **Ocala, FL 34471**

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

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

352-861-2418

Daytime Phone #

CR2E034 (10/00)