

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90132 022 ***150.00

DOCUMENT # P99000070603

1. Entity Name
DR. MARK A. SPRADLEY, P.A.



Principal Place of Business
**2700 S. RIDGEWOOD AVE., #1
SO. DAYTONA FL 32119**

Mailing Address
**2700 S. RIDGEWOOD AVE., #1
SO. DAYTONA FL 32119**



2. Principal Place of Business

1529 S. RIDGEWOOD AV

3. Mailing Address

1529 S. RIDGEWOOD AV

Suite, Apt. #, etc.

SUITE A

Suite, Apt. #, etc.

SUITE A

City & State

DAYTONA BEACH FL

City & State

DAYTONA BEACH FL

Zip

32114

Country

U.S.A.

Zip

32114

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3591296

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SPRADLEY, MARK A DR.
2700 S. RIDGEWOOD AVE., #1
SO. DAYTONA FL 32119**

7. Name and Address of New Registered Agent

Name

SPRADLEY, MARK A DR.

Street Address (P.O. Box Number is Not Acceptable)

1529 S. RIDGEWOOD AVE.

SUITE A

City

DAYTONA BEACH

FL

Zip Code

32114

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **SPRADLEY, MARK A DR.**
STREET ADDRESS **2700 S. RIDGEWOOD AVE., #1**
CITY-ST-ZIP **SO. DAYTONA FL 32119**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **SPRADLEY, MARK A DR.**
STREET ADDRESS **1529 S. RIDGEWOOD AVE #1**
CITY-ST-ZIP **DAYTONA BEACH FL 32114**

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/21/03 386-226-8822

CR2E034 (10/02)