## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

**DOCUMENT #** 

P99000094141

Mailing Address

322 WINDRUSH BLVD #6

1. Entity Name

Principal Place of Business

322 WINDRUSH BLVD.. #6

CHRISTOPHER CAMPBELL, O.D., P.A.



**FILED** Jan 13, 2003 8:00 am Secretary of State

01-13-2003 90105 003 \*\*\*150.00

**KEKEHUU**A

☐ CHECK HERE IF MAKING (	CHANGES							
FEI Number <b>59-3608586</b>	Applied For Not Applicable							
Certificate of Status Desired   \$8.75 Additional Fee Required								
Name and Address of New Registered Ag	ent							
ox Number is Not Acceptable)								
FL	Zip Code							
ent, or both, in the State of Florida. I am fam	niliar with, and accept							
nstating) DATE								
9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees							

INDIAN ROCKS BEACH FL 33785			INDIAN ROCKS BEACH FL 33785								
2. Principa	I Place of Busi	ness	3. Mailing Address	-							
			3. Walling Address			1	· seetiest tis idits intil Sofit collif	astil anii	\$0211 <b>01400</b> 1 (1	(OT) BINDS STON INC.	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. 8	4. FEI Number 59-3608586 Applied For				
Zip	Zip Country		Zip	Countr	Country					Not Applicable	
ļ	6. Name	and Address of Current Re	- "	<u> </u>	· · · · · · · · · · · · · · · · · · ·		Certificate of Status Desired	S8.75 Additional Fee Required			
		and Address of Current A	gistered Agent		Name	7. N	lame and Address of New Reg	stered /	gent		
CAMPBELL, CHRISTOPHER					ivane						
322 WIN	IDRUSH BLV	D., #6			Street Address (P.O. Box Number is Not Acceptable)						
indian f	ROCKS BEA		-								
				-	City				T		
8. The above	e named entity	submits this statement for the	ne purpose of shapping its		•		<del></del>	_FL	Zip Co	ode	
the obliga	ations of registe	ered agent.	ie parpose or changing its	s registered	office or regi	stered age	nt, or both, in the State of Florid	a. I am fa	ımiliar witl	h, and accept	
SIGNATURE							•				
	Signature, typed o	or printed name of registered agent and	title if applicable. (NOT	TE: Registered A	gent signature requ	uired when reir	estating)	DATE			
F	FILE NOW!!!	FEE IS \$150.00									
Afte	r May 1, 200	3 Fee will be \$550.00				ĺ	9. Election Campaign Finance	cing _	\$5.	<b>00</b> May Be	
10.	k Payable to	Florida Department of St				ĺ	Trust Fund Contribution.	LJ	Adde	ed to Fees	
TITLE	PSTD	OFFICERS AND DIF		11.		ADD	ITIONS/CHANGES TO OFFICE	RS AND I	DIRECTO	RS IN 11	
NAME	CAMPBELL	, Christopher	☐ Delete	TITLE	1				☐ Change		
STREET ADDRESS	322 WINDF	RUSH BLVD., #6		NAME STREET A	ADDRESS						
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NAME STREET ADDRESS				NAME				i	Change	☐ Addition	
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ITY-ST-ZIP				STREET ADD							
2. Thereby ce	ertify that the in	formation cumplied with this	***	GIT-31-Z	F	·					

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 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

727 593 3536

Daytime Phone #

CR2E034 (10/02)