

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90102 025 ***150.00

DOCUMENT # S19447

1. Entity Name
CATHERINE M. FORD, O.D., P.A.

Principal Place of Business

842 PARK AVENUE
LAKE PARK FL 33403-9495

Mailing Address

842 PARK AVENUE
LAKE PARK FL 33403-9495



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1183 Old Dixie Highway

Suite, Apt. #, etc.

Suite A

City & State
Lake Park FL

Zip

33403

Country

USA

3. Mailing Address

1183 Old Dixie Highway

Suite, Apt. #, etc.

Suite A

City & State
Lake Park FL

Zip

33403

Country

USA

4. FEI Number

65-0229568

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, CATHERINE M.

842 PARK AVENUE

LAKE PARK FL 33403-2495

7. Name and Address of New Registered Agent

Name

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

1183 Old Dixie Highway

Suite A

City **Lake Park**

FL

Zip Code

33403

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 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, 2002 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 **FORD, CATHERINE M.**
STREET ADDRESS **501 26TH STREET**
CITY-ST-ZIP **WEST PALM BEACH FL 33407**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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.

561-848-8784

SIGNATURE:

Catherine M. Ford OD 02-19-02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)