

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S26840**

1. Entity Name
JEROLD A. MILLS, O.D., P.A.

FILED
Feb 13, 2002 8:00 am
Secretary of State

02-13-2002 90015 001 ***150.00

0182990 AV

Principal Place of Business 3181 N STATE RD 7 MARGATE FL 33063 US	Mailing Address 2770 PALM ARIE DRIVE NORTH POMPANO BEACH FL 33069 US
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80023000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2770 Palm Arie Drive North	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pompano Beach, FL	City & State
Zip 33069	Country USA

4. FEI Number 65-0237643	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLS, JEROLD A. 2770 PALM ARIE DRIVE NORTH POMPANO BEACH FL 33069	
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7. Name and Address of New Registered Agent	
-Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 <i>Jerald A. Mills</i>	DATE 1/23/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLS, JEROLD A. 2770 PALM ARIE DRIVE NORTH POMPANO BEACH FL 33040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Jerald A. Mills</i>	1123102	954 973 1877
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	DayTime Phone #

CR2E034 (9/01)