

2002 UNIFORM BUSINESS REPORT (UBR)

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

02-05-2002 90088 019 ***150.00

DOCUMENT # V01672

1. Entity Name
JAMES D. SYKES, D.M.D.. P.A.

Principal Place of Business
3101 CAPITAL MEDICAL BLVD
STE 10
TALLAHASSEE FL 32308
US

Mailing Address
3101 CAPITAL MEDICAL BLVD
~~**STE 10**~~
TALLAHASSEE FL 32308
US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
No Suite
 City & State
 Zip



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3130134** Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SYKES, JAMES D
3101 CAPITAL MEDICAL BLVD
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____
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. ☐ **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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SYKES, JAMES D	NAME			
STREET ADDRESS	3101 CAPITAL MEDICAL BLVD	STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
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CITY-ST-ZIP		CITY-ST-ZIP			
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NAME		NAME			
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NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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 REQUIRED** **1-16-02** **850-877-0536**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)