

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

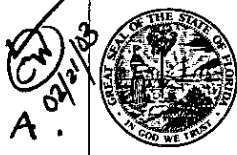
FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90159 016 ***150.00

DOCUMENT # V41657

1. Entity Name

Julie-Ann Beckwitt, O.D., P.A.



Principal Place of Business
6400 OVERSEAS HWY
MARATHON FL 33050

Mailing Address
6400 OVERSEAS HWY
MARATHON FL 33050

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0332550

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

BECKWITT, DIANA L.
6400 OVERSEAS HWY
MARATHON FL 33050

7. Name and Address of New Registered Agent

Name Julie-Ann Beckwitt, O.D., P.A.
Street Address (P.O. Box Number is Not Acceptable) 6400 Overseas Hwy
City MARATHON FL Zip Code 33050

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 Julie-Ann Beckwitt, O.D., P.A. Julie Ann Beckwitt, O.D., P.A. 3/28/03
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	PA	<input checked="" type="checkbox"/> Delete
NAME	BECKWITT, DIANA L.	
STREET ADDRESS	6400 OVERSEAS HWY	
CITY-ST-ZIP	MARATHON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Beckwitt, Julie-Ann	
STREET ADDRESS	6400 Overseas Hwy	
CITY-ST-ZIP	Marathon, FL 33050	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Julie-Ann Beckwitt, O.D., P.A. 3/28/03 305.743.2020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)