

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 02, 2001 8:00 am
Secretary of State

02-02-2001 90306 019 ***150.00

DOCUMENT # V42744

1. Entity Name

PATRICK S. SIMPSON, D.D.S., P.A.

Principal Place of Business

**12777 ATLANTIC BLVD
STE 2
JACKSONVILLE FL 32225
US**

Mailing Address

**12777 ATLANTIC BLVD
STE 2
JACKSONVILLE FL 32225
US**

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 **59-3129476**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMPSON, KURT ANDREW A
3500 3RD ST
JACKSONVILLE BCH FL 32250**

PATRICK S. SIMPSON, D.D.S., P.A.
12777 ATLANTIC BLVD.
SUITE 2
JACKSONVILLE FL 32225

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 **PATRICK S. SIMPSON, D.D.S., P.A.** *Patrick S. Simpson, D.D.S., P.A.* **1-24-01**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) 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, 2001 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	S	<input type="checkbox"/> Delete
NAME	SIMPSON SANDY	
STREET ADDRESS	4050 CHICORAWOOD PL	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 689, Florida Statutes; and that my name appears on the report or supplemental report, unchanged, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PATRICK S. SIMPSON** *Patrick S. Simpson, D.D.S., P.A.* **1-29-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)