

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90049 022 ***150.00

DOCUMENT # V66403

1. Entity Name

DEBORAH E. JOULE, D.O., P.A.

Principal Place of Business

Mailing Address

2200 W. BAY DR.
 LARGO FL 33770
 US

2200 W. BAY DR.
 LARGO FL 33779-0334
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2401 W Bay Dr
 Suite, Apt. #, etc.
 600

3. Mailing Address

PO 334
 Suite, Apt. #, etc.

City & State
 Largo FL

City & State
 Largo FL

4. FEI Number 59-3155165

Applied For
 Not Applicable

Zip
 33770

Country
 USA

Zip
 33779

Country
 USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLEMAN, IRA J. ESQ.
 MCDERMOTT, WILL & EMERY
 201 S. BISCAYNE BLVD, STE 2200
 MIAMI FL 33131

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. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---------------------------------|--|---|------|
| TITLE | NAME | TITLE | NAME |
| <input type="checkbox"/> Delete | D JOULE, DEBORAH E. 2 EVONAIRE CIRCLE BELLEAIR FL | <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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)