2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

547915 **DOCUMENT #**



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

THOMAS J. KUB, M.D., P.A.					03-03-2003 90502 033 ***150.00		*150.00	
2595 HARBO STE 101	ace of Business OR BLVD LOTTE FL 33952	2595 HAR STE 101	Mailing Address 2595 HARBOR BLVD STE 101 PORT CHARLOTTE FL 33952					
2. Principal	Place of Business	3. Mailing	Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & S	City & State		4. FEI Number 59-177836	38 1/70303 - - - - - - - - 		
Zip	Country	Zip		Country	5. Certificate of Status Desired		Not Applicable 75 Additional	
	6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
KUB, THOMAS J MD			Name					
	RBOR BLVD		Street Address		(P.O. Box Number is Not Acceptable)			
SUITE 10	1							
- PT. CHAF	RLOTTE FL 33952	~ '						
				City	 -		p Code	
8. The above	e named entity submits this statemen	nt for the purpose of	of changing its re	egistered office or regis	stered agent, or both, in the State of F	orida. Lam familia	r with and accept	
the obligat	tions of registered agent.			•			man, and adoopt	
SIGNATURE	<u></u>							
<u></u>	Signature, typed or printed name of registered a	gent and title if applicable	. (NOTE:	Registered Agent signature requ	lired when reinstating)	DATE		
É	ILE NOW!!! FEE IS \$150,00							
After May 1, 2003 Fee will be \$550.00						9. Election Campaign Financing \$5.00 May Be		
Make Check	k Payable to Florida Departmen	t of State			Trust Fund Contribution	on. \square	Added to Fees	
10.		ND DIRECTORS		11.	ADDITIONS/CHANGES TO OF	ICERS AND DIRE	CTORS IN 11	
TITLE *:	S THOMAS LUD		☐ Delete	TITLE		□ ci		
name Street address (KUB, THOMAS J MD 2595 HARBOR BLVD #101			NAME				
CITY-ST-ZIP	PORT CHARLOTTE, FL 00000			STREET ADDRESS				
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TITLE	D			CITY-ST-ZIP				
TITLE	P FUNDAS LUD	<u> </u>	Delete	TITLE		☐ CF	iange (Addition	
NAME	KUB, THOMAS J MD		Delete	TITLE NAME		☐ Cr	ange	
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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 employed 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 employed.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Daytime Phone #

Change

Change

☐ Addition

Addition