

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90182 032 \*\*\*150.00

0461205 AV

**DOCUMENT # P00000088745**

1. Entity Name  
**COSTA CLINICAL CONSULTING, INC.**



Principal Place of Business  
**8728 JASMINE POND DR  
TAMPA FL 33614**

Mailing Address  
**8728 JASMINE POND DR  
TAMPA FL 33614**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3672673**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**SMITH, SMITTY** *5/5/03* **STEPHANIE COSTA**  
**3802 EHRLICH RD., SUITE 210** *COSTA CLINICAL CONSULTING, INC.*  
**TAMPA FL 33624** **8728 JASMINE POND DR**  
**TAMPA, FL 33614**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Stephanie Costa*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*5/5/03*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☐ Delete  
NAME **COSTA, STEPHANIE A**  
STREET ADDRESS **8728 JASMINE POND DR**  
CITY-ST-ZIP **TAMPA FL 33614**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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: *Stephanie Costa*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*5/5/03*

CR2E034 (10/02)

Attachment

00000688745

**STEPHANIE A. COSTA, R.T.**  
**COSTA CLINICAL CONSULTING, INC.**  
**6809 WILSHIRE COURT**  
**TAMPA, FL 33615**  
**PHONE: 813-243-0281**  
**FAX: 813-243-1564**

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70054469

May 05, 2003

Florida Department of State

To Whom It May Concern:

I would like for you to accept this late payment of \$150.00. I do have unusual circumstances, as follows. I was out of town on business and my business trip was unexpectedly delayed. Since I was out of state, I had neither the Uniform Business Report form nor my checkbook. I called my accountant and got the document # but she did not have the electronic code so, I could not pay by downloading the document from the internet (because I didn't have my checkbook) and also, since I didn't have the code, I could not pay with a credit card on-line. I called your office on 05/01/03, and was told that I could not pay over the phone by credit card either.

I really did try to get this payment to you. I didn't get home from my business trip until Friday May 2 at 11:30 PM. That is why I have sent this to you late. As you can see, I have also sent this form Federal Express.

Thank you in advance for your consideration,

*Stephanie A. Costa*

Stephanie A. Costa  
Costa Clinical Consulting Inc.

59-3672673