

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State
 03-29-2001 90018 034 ***150.00

DOCUMENT # P93000027572

1. Entity Name
A. JOHN IZAD, P.A.

Principal Place of Business

~~1950 VINEYARD AVE~~
~~VISTA CA 92083~~

Mailing Address

~~1950 VINEYARD AVE~~
~~VISTA CA 92083~~
~~US~~

2. Principal Place of Business

~~1950 VINEYARD AVE~~

Suite, Apt. #, etc.

~~146 Cousby Dr~~

City & State
Port Charlotte FL

Zip

33952

Country

Charlotte

3. Mailing Address

146 Cousby Dr S.E.

Suite, Apt. #, etc.

City & State
Port Charlotte FL

Zip

33952

Country

Charlotte



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0402667**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

IZAD, A. JOHN
20363 MT PROSPECT AVE
PORT CHARLOTTE FL 33952

7. Name and Address of New Registered Agent

Name **IZAD, A. John**
 Street Address (P.O. Box Number is Not Acceptable)
146 Cousby Dr. S.E.
 City **Port Charlotte** **FL** Zip Code **33952**

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, 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

TITLE **D** ☐ Delete
 NAME **IZAD, A. JOHN**
 STREET ADDRESS **1950 VINEYARD AVE**
 CITY-ST-ZIP **VISTA CA 92083**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **IZAD, A. John** ☒ Change ☐ Addition
 NAME **146 Cousby Dr. S.E.**
 STREET ADDRESS **Port Charlotte** **FL** **33952**

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

TITLE ☐ Change ☐ Addition
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 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 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 (10/00)