

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90004 042 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # 464490 1. Entity Name JAMES A. FESLER, M.D., P.A.			
Principal Place of Business 1513 W. BUSCH BLVD. TAMPA FL 33612		Mailing Address 1513 W. BUSCH BLVD. TAMPA FL 33612	
2. Principal Place of Business 6119 SAVOY CIR.		3. Mailing Address 6119 SAVOY CIR.	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State LUTZ, FL		City & State LUTZ, FL	
Zip 33549		Zip 33549	
Country HILLSBOROUGH		Country HILLSBOROUGH	
6. Name and Address of Current Registered Agent FESLER, JAMES A. 1513 W. BUSCH BLVD. TAMPA FL 33612		7. Name and Address of New Registered Agent Name James A. Fesler M.D. Street Address (P.O. Box Number is Not Acceptable) 6119 SAVOY CIR. City LUTZ, FL Zip Code 33549	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input checked="" type="checkbox"/> (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. <input type="checkbox"/> \$5.00 May Be Added to Fees			
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FESLER, JAMES A. (M.D.) 1513 W. BUSCH BLVD. TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6119 SAVOY CIR. LUTZ, FL 33549
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FESLER, L. SANDRA 1513 W. BUSCH BLVD. TAMPA FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6119 SAVOY CIR. LUTZ, FL 33549
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: James A. Fesler M.D.		1/4/2001 (813) 948-2525	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	

CP2E034 (10/00)