

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90166 031 ***150.00

DOCUMENT # 597083

1. Entity Name
PAUL COHEN, D.O., P.A.

Principal Place of Business
**5026 GULFPORT BLVD SOUTH
GULFPORT FL 33707**

Mailing Address
**5026 GULFPORT BLVD SOUTH
GULFPORT FL 33707**

00101010



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1871426**

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

**COHEN, PAUL
5026 GULFPORT BLVD SOUTH
GULFPORT FL 33707**

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
COHEN, PAUL
5026 GULFPORT BLVD S
GULFPORT FL 33707** ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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: **Paul Cohen** **PAUL COHEN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-02

Date

727-321-4000

Daytime Phone #

CR2E034 (4/02)

PAUL COHEN, D.O., P.A.

DIPLOMATE OF THE AMERICAN
OSTEOPATHIC BOARD OF
GENERAL PRACTICE
5026 GULFPORT BLVD. SO.
GULFPORT, FLORIDA 33707

321-4000

Attachment
ID#597083
80131010

To Whom It May Concern:

I have been in private practice for Twenty nine years. Each month I take all my correspondence from the federal, state and local government agencies to my accountant and pay my bills as they are completed by my accountant. I have no recall; nor does my accountant of having received the 2002 Uniform Business Report. I did receive the form this past month and found out that the filing fee is now \$550.00. I do not feel that I should be penalized for a late filing when I have no recall or record of having received the initial mailing

PAUL COHEN, D.O., P.A.

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OSTEOPATHIC BOARD OF
GENERAL PRACTICE
5026 GULFPORT BLVD. SO.
GULFPORT, FLORIDA 33707

321-4000

Attachment
R#597083
B0131010

As per your instructions I am
enclosing a check for 750.00
after having reviewed the form for
accuracy. I will also be alerted
to look for this form come
February 2003.

Thank you

Dr. Paul Cohen