

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90140 022 ***150.00

DOCUMENT # 603855

1. Entity Name

LESLIE L. CHISHOLM JR., M.D., P.A.

Principal Place of Business

2808 W. MARTIN LUTHER KING BLVD
TAMPA FL 33607
US

Mailing Address

2808 W. MARTIN LUTHER KING BLVD
TAMPA FL 33607
US

2. Principal Place of Business

2727 W. MARTIN LUTHER KING
Suite, Apt. #, etc. BOULEVARD

3. Mailing Address

2727 W. MARTIN LUTHER KING
Suite, Apt. #, etc. BOULEVARD



DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-1417903

Applied For

Not Applicable

Zip

33607

Country

US

Zip

33607

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHISHOLM JR, LESLIE L, MD
2808 W. MARTIN LUTHER KING BLVD
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name
CHISHOLM JR, LESLIE L, M.D.
Street Address (P.O. Box Number is Not Acceptable)
2727 W. MARTIN LUTHER KING BLVD
City
TAMPA, FL Zip Code
33607

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

Leslie L. Chisholm Jr MD

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3.8.01
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 PDV
NAME CHISHOLM JR, LESLIE L ☐ Delete
STREET ADDRESS 2808 W. MARTIN LUTHER KING BLVD
CITY-ST-ZIP TAMPA FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME CHISHOLM JR, LESLIE L
STREET ADDRESS 2727 W. MARTIN LUTHER KING BLVD
CITY-ST-ZIP TAMPA, FL

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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

Leslie L. Chisholm Jr MD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3.8.01 813-876-1331

CR2E034 (10/00)