

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603928

1. Entity Name

CARLOS F. GONZALEZ M.D. P.A.

FILED
Mar 16, 2000 8:00 am
Secretary of State

03-16-2000 90069 007 ***150.00

Principal Place of Business

7989 S SUNCOAST BLVD
HOMOSASSA FL 34446

Mailing Address

P.O. BOX 1940
HOMOSASSA SPRINGS FL 34447-1940

2. Principal Place of Business

7989 S. SUNCOAST BLVD
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1940
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HOMOSASSA, FL

City & State

HOMOSASSA SPG., FL

4. FEI Number

59-1425832

Applied For

Not Applicable

Zip

34446

Country

USA

Zip

34447

Country

USA

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

GONZALEZ, CARLOS F.
286 N.W. MAGNOLIA CIRCLE
CRYSTAL RIVER FL 34428

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

CARLOS F. GONZALEZ

3-13-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD GONZALEZ, CARLOS F 286 NW MAGNOLIA CIRCLE CRYSTAL RIVER FL 34428 <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
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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

3-13-00 352 382 2900

Date

Daytime Phone #

CR2E034 (9/99)