

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 655156

1. Entity Name

PETER M. PARDOLL, M.D., P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90076 008 ***150.00

Principal Place of Business

1609 PASADENA AVENUE SOUTH
 SUITE 3M
 ST. PETERSBURG FL 33707

Mailing Address

1609 PASADENA AVENUE SOUTH
 SUITE 3M
 ST. PETERSBURG FL 33707-4563

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1969190**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PARDOLL, PETER M., M.D.
 1609 PASADENA AVENUE SOUTH
 SUITE 3M
 ST. PETERSBURG 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.

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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP President / Treasurer <input type="checkbox"/> Delete PARDOLL, PETER M 1609 PASADENA AVENUE S #3M ST. PETERSBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete LYNN, BRUCE MD 6449 38TH AVE NORTH #H4 ST PETERSBURG FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Vice President/Secretary <input type="checkbox"/> Delete Sheldon L. Scheinert, M.D. 1609 Pasadena Avenue South, #3M St. Petersburg, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/2000 727-384-2016

CR2E034 (9/99)