

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657121

1. Entity Name

JANET G. FISHMAN, M.D., P.A.

FILED
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90024 038 ***150.00

Principal Place of Business

Mailing Address

LAKEVIEW RD.
609 LAKEVIEW RD.
CLEARWATER FL 33756
US

LAKEVIEW RD.
609 LAKEVIEW RD.
CLEARWATER FL 33756-3335
US

A0020563

2. Principal Place of Business

3. Mailing Address

609 Lakeview Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Clearwater FL

4. FEI Number

59-1972155

Applied For

Not Applicable

Zip

Country

Zip

Country

33756 Pinellas

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

FISHMAN, JANET G., M.D.
609 LAKEVIEW RD.
CLEARWATER FL 33756

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 PD
NAME FISHMAN, JANET G.
STREET ADDRESS 609 LAKEVIEW ROAD
CITY-ST-ZIP CLEARWATER FL 33756 ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Janet G. Fishman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/00
Date

727-461-5872
Daytime Phone #