

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 681004

1. Entity Name

ROBERT R. SLIKER, M.D., P.A.

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90053 015 \*\*\*150.00

Principal Place of Business

6645 RIDGE ROAD STE ONE  
PORT RICHEY 34668

Mailing Address

6645 RIDGE ROAD STE ONE  
PORT RICHEY 34668-6838

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2011086

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

TORRENCE ALFRED W JR, ESQ  
6645 RIDGE ROAD STE ONE  
PORT RICHEY FL 34668

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  
SLIKER, ROBERT R., M.D.  
10806 US HWY 19 N #108  
PT. RICHEY FL  
5622 Marine  
Suite 12  
NPR, FL 34652

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

TITLE  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT R. SLIKER, M.D. P.A.

3/17/00

Date

(727)849-4926

Daytime Phone #