2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 19, 2001 8:00 am **DOCUMENT # 686386 Secretary of State** 1. Entity Name J. G. FORTUNATO, D.O., P.A. 03-19-2001 90006 044 ***150.00 Principal Place of Business Mailing Address 6310 FT KING ROAD 6310 FT KING ROAD ZEPHYRHILLS FL 33541 ZEPHYRHILLS FL 33541 2. Principal Place of Business 3. Mailing Address 11271 Grandulew 11271 Grandview Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 59-2013456 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ame FORTUNATO, J G Address (P.O. Box Number is Not Acceptable) 6310 FT KING ROAD 1 Grand view Dr ZEPHYRHILLS FL 33541 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 (NOTE: Registered ent signature required whe FILE NOW!!! FEE \$ \$150.00 9. This corporation is eligible to satisfy its intangible 10 Election Campaign Einancing \$5:00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change 🔲 Addition TITLE ☐ Delete TITI F Fortunato Joseph G. 11271 Grandview Dr 11271 Grandview Dr 1271 Grandview Dr 1271 Grandview Dr FORTUNATO, J.G. NAME NAME Address STREET ADDRESS STREET ADDRESS 6310 FT KING ROAD CITY-ST-ZIP CITY-ST-ZIP ZEPHYRHILLS, FL 00000 TITLE Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

-15-01