

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90326 042 ***150.00

DOCUMENT # 690814

1. Entity Name

REMIGIO G. LACSAMANA, M.D., P.A.

Principal Place of Business

320 CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32114

Mailing Address

555 W GRANADA BLVD.
SUITE G-10
ORMOND BEACH FL 32174-9409

2. Principal Place of Business

2598 S. Peninsula Dr

3. Mailing Address

Suite, Apt. #, etc.

City & State

DAYTONA BEACH, FL

City & State

Zip
32118

Country

USA

Zip

Country

4. FEI Number

59-2104896

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LACSAMANA, REMIGIO C
320 CLYDE MORRIS BLVD.
DAYTONA BEACH FL 32014

7. Name and Address of New Registered Agent

Name
Remigio G. LACSAMANA

Street Address (P.O. Box Number is Not Acceptable)

2598 S. Peninsula Drive

City DAYTONA BEACH FL Zip Code 32118

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

Remigio G. Lacsamana

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, 2002 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

TITLE PD
NAME LACSAMANA, REMIGIO G
STREET ADDRESS 2598 S. PENINSULA DR.
CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
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:

Remigio G. Lacsamana

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0019126 AV

CR2E034 (9/01)