

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F51575

1. Entity Name

PRACTICE MANAGEMENT OF ST. PETERSBURG, INC.

FILED

Jun 21, 2000 8:00 am
Secretary of State

06-21-2000 90002 003 ***550.00

Principal Place of Business

Mailing Address

W CYPRESS
TAMPA FL 33607

5840-B W CYPRESS
TAMPA FL 33607-1787
US

2. Principal Place of Business

3. Mailing Address

601 7th St. S. JKL
Suite, Apt. #, etc.

P.O. Box 23600
Suite, Apt. #, etc.

City & State
ST PETERSBURG

City & State
ST PETERSBURG FL

4. FEI Number 59-2337347

Applied For
Not Applicable

Zip 33701 Country

Zip 33742-3600 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

WYSONG, ANGELA R
5840-B WEST CYPRESS
TAMPA FL 33607

Name

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

1959 ARROWHEAD DR. N.E.

City ST PETERSBURG FL Zip Code 33703

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 PST
NAME JENKINS, JOHN
STREET ADDRESS 5840-B W CYPRESS
CITY-ST-ZIP TAMPA FL 33607 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1959 ARROWHEAD DR N.E.
CITY-ST-ZIP ST. PETERSBURG FL 33703

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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

JOHN A. JENKINS

Date

Daytime Phone #

6/12/00 727 824 8662

CR2E034 (9/99)