

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F74757

1. Entity Name
PROVIDER 1ST, INC.

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90089 023 ***150.00

0519021

Principal Place of Business
4905 W. LAUREL ST.
SUITE 200
TAMPA FL 33607
US

Mailing Address
4905 WEST LAUREL STREET
SUITE 200
TAMPA FL 33607
US

2. Principal Place of Business
200 S. HOOPER BLVD
Suite, Apt. #, etc.
#205

3. Mailing Address
200 S. HOOPER BLVD.
Suite, Apt. #, etc.
#205

City & State
TAMPA FL

City & State
TAMPA FL

Zip
33609

Country
HILLBOROUGH

Zip
33609

Country
HILLBOROUGH



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2239805

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MILLER, RONALD L
2601 HERON LN NO
CLEARWATER FL 34622

7. Name and Address of New Registered Agent
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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	CD MILLER, RONALD L 2601 HERON LN NO CLEARWATER FL 34622 33762 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD S MILLER, SHEILA L 2601 HERON LN NO CLEARWATER FL 34622-33762 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD S MILVAIN, BRIAN M 4340 45TH ST. SOUTH ST. PETERSBURG FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BEHANC, RONALD A 3061 BRANCH DRIVE CLEARWATER FL 34620 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO FRITCHIE, CHARLOTTE B 5153 ISLA KEY BLVD. ST PETERSBURG FL 33715 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: B.M. Milvain P/D 4/30/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)