

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G05381

1. Entity Name

MATTHEW G. SWEETSER, M.D., P.A.

FILED  
Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90111 022 \*\*\*150.00

Principal Place of Business

2100 STATE AVE  
PANAMA CITY FL 32405  
US

Mailing Address

PO BOX 149  
PANAMA CITY FL 32402  
US

2. Principal Place of Business

3. Mailing Address

2100 State Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Panama City, Florida

Zip

Country

Zip

Country

32405

US

4. FEI Number 59-2218103

Applied For

Not Applicable

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

SWEETSER, MATTHEW G  
2100 STATE AVE  
PANAMA CITY FL 32405

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME SWEETSER, MATTHEW G  
STREET ADDRESS 2100 STATE AVE  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

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

TITLE S  
NAME SWEETSER, CHRISTINE  
STREET ADDRESS 2100 STATE AVE.  
CITY-ST-ZIP PANAMA CITY FL ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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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: MATTHEW G. SWEETSER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

31 January 01 (850) 769-6677  
Date Daytime Phone #

CR2E034 (10/00)