

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # G06705**

1. Entity Name

DANIEL J. SCHWARTZ, M.D., P.A.**FILED****Jan 18, 2000 8:00 am**
Secretary of State

01-18-2000 90052 034 ***150.00

Principal Place of Business

**3000 E FLETCHER AVE
C/O DANIEL SCHWARTZ
TAMPA FL 33613**

Mailing Address

**3000 E FLETCHER AVE
C/O DANIEL SCHWARTZ
TAMPA FL 33613-4656**

2. Principal Place of Business

3100 E. FLETCHER AVE

Suite, Apt. #, etc.

SUITE 600-601

City & State

TAMPA, FL 33613

Zip

33613

Country

HILLSBOROUGH

3. Mailing Address

3100 E. FLETCHER AVE

Suite, Apt. #, etc.

SUITE 600-601

City & State

TAMPA, FL 33613

Zip

33613

Country

HILLSBOROUGH

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2228410**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, DANIEL J.
3000 E. FLETCHER AVE, STE. 270
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name

SCHWARTZ, DANIEL J.

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

3100 E. FLETCHER AVE., STE. 600-601

City

TAMPA**FL**Zip Code
33613

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

1-5-009. 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

TITLE **DP** ☐ Delete
NAME **SCHWARTZ, DANIEL J**
STREET ADDRESS **533 GARRARD DR**
CITY-ST-ZIP **TEMPLE TERR FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Add
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)(f), 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

Date

Daytime Phone #

1-5-00**813 615 1544**