

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2000 8:00 am
Secretary of State
 01-27-2000 90174 045 ***158.75

DOCUMENT # 176756

1. Entity Name
Robert J. Wallace MD PA

Principal Place of Business
2699 1st Ave N
ST PETERSBURG, FL
33713

Mailing Address
2699 1st Ave N
ST PETERSBURG, FL
33713

2. Principal Place of Business
2699 1st Ave N

3. Mailing Address
1811 Stone Brook Ln

Suite, Apt. #, etc.

City & State
ST PETERSBURG, FL

City & State
SAFETY HARBOR, FL

Zip
33713

Country
USA

Zip
34695

Country
USA

4. FEI Number
59-2578775

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
K. JEAN JOVIAC MD President
2699 1st Ave North
ST PETERSBURG, FL
33713

7. Name and Address of New Registered Agent
Name
K. JEAN JOVIAC
Street Address (P.O. Box Number is Not Acceptable)
1811 Stone Brook Lane
City
Safety Harbor
FL **Zip Code**
34695

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 K. Jean Jovic MD President **DATE** _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 <u>SECRETARY</u> <input checked="" type="checkbox"/> Delete	NAME <u>Robert J. Wallace</u>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <u>2663 1st Ave N</u>	CITY-ST-ZIP <u>ST PETERSBURG, FL 33713</u>	NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	
TITLE	<input type="checkbox"/> Delete	STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		CITY-ST-ZIP	
STREET ADDRESS		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		NAME	

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: K. Jean Jovic MD President **Date** _____ **Daytime Phone #** _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)