

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H76756

1. Entity Name

K. JEAN JOVIK, M.D., P.A.

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90027 042 ***158.75

Principal Place of Business

2699 1 ST AVENUE
2663 - 1ST AVE. NO.
ST PETE FL 33713
US

Mailing Address

2699 1ST AVENUE NORTH
ST. PETERSBURG FL 33713
US

2. Principal Place of Business

2323 1ST AVE NORTH

3. Mailing Address

2323 1ST AVENUE NORTH

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST PETERSBURG, FL

City & State

ST PETERSBURG, FL

Zip

33713

Country

USA

Zip

33713

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

JOVIK-TAVERNIER, K J PRESIDE
2699 1 AVENUE N
ST PETE FL 33713

7. Name and Address of New Registered Agent

Name
K. J. JOVIK President

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

2323 1ST AVENUE NORTH

City

ST PETERSBURG

FL

Zip Code

33713

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	P JOVIK, K J 2699 1ST AVENUE NORTH ST PETE FL 33713	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	KATHY J GORDON KATHY J GORDON M.D.	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2323 1 ST AVENUE NORTH ST PETERSBURG, FLORIDA 33713
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition KATHY J GORDON 2323 1 ST AVENUE N ST PETERSBURG, FLORIDA 33713
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)