

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90295 012 ***150.00

0700082 IN

DOCUMENT # H87394

1. Entity Name
FRANK VELTRI, M.D., P.A.



Principal Place of Business
**143 BUENA VISTA DR. S
DUNEDIN FL 34698-3305
US**

Mailing Address
**143 BUENA VISTA DR., S
DUNEDIN FL 34698-3305
US**



2. Principal Place of Business

3. Mailing Address

40 CAMELIA COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

OLDSMAR

4. FEI Number

59-2630900

Applied For

Not Applicable

Zip

Country

Zip

Country

FL

34677

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

**VELTRI, FRANK
143 BUENA VISTA DR, S
DUNEDIN FL 34698**

Name **VELTRI, FRANK**
Street Address (P.O. Box Number is Not Acceptable)
40 CAMELIA COURT

City **OLDSMAR** FL Zip Code **34677**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVT** ☐ Delete
NAME **VELTRI, FRANK, M.D.**
STREET ADDRESS **143 BUENA VISTA DR., S**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **40 CAMELIA COURT**
STREET ADDRESS **OLDSMAR FL 34677**

TITLE **SD** ☐ Delete
NAME **VELTRI, FRANK, M.D.**
STREET ADDRESS **143 BUENA VISTA DRIVE, S**
CITY-ST-ZIP **DUNEDIN FL 34698**

TITLE ☒ Change ☐ Addition
NAME **40 CAMELIA COURT**
STREET ADDRESS **OLDSMAR FL 34677**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

Frank Veltri
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/29/03
Date

Daytime Phone #

CR2E034 (10/02)