

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2002 8:00 am
Secretary of State

04-03-2002 90034 048 ***150.00

DOCUMENT # J19456

1. Entity Name

THOMAS M. KROPP, M.D., P.A.

DO NOT WRITE IN THIS SPACE

80058653

DO NOT WRITE IN THIS SPACE

2. Principal Officer/Manager/Secretary

THOMAS M. KROPP
305 EAST NEW YORK AVENUE

Suite, Apt. #, etc.

3. Mailing Address

THOMAS M. KROPP
305 EAST NEW YORK AVENUE

Suite, Apt. #, etc.

City & State

DELAND, FL

City & State

DELAND, FL

Zip

32724

Country

Zip

32724

Country

4. FEI Number

59-2686037

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name KROPP, THOMAS M.

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

305 EAST NEW YORK AVENUE

City DELAND,

FL

Zip Code
32724

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	DP KROPP, THOMAS M. 305 EAST NEW YORK AVENUE DELAND, FL 32724	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/02

Date

Daytime Phone #

CR2E034B (12/01)