

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

UBR0003 AV

03-12-2002 90278 043 ***150.00

DOCUMENT # K31509
 1. Entity Name
GILMAN R. TYLER, JR., M.D., P.A.

Principal Place of Business Mailing Address
508 S. HABANA AVE. **508 S HABANA AVE**
STE 360 **SUITE 360**
TAMPA FL 33609 **TAMPA FL 33609**
US **US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
602 S. AUDUBON AVENUE **602 S. AUDUBON AVENUE**

Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE A **SUITE A**

City & State City & State
TAMPA, FL. **TAMPA, FL.**

4. FEI Number Applied For
59-2981743 Not Applicable

Zip Country Zip Country
33609 **US** **33609** **US**

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

6. Name and Address of Current Registered Agent
TYLER, GILMAN R. JR.
508 S. HABANA AVE., SUITE 360
TAMPA FL 33609

7. Name and Address of New Registered Agent
 Name
GILMAN R. TYLER, JR.
 Street Address (P.O. Box Number is Not Acceptable)
602 S. AUDUBON AVENUE
SUITE A
 City State Zip Code
TAMPA **FL** **33609**

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 *Gilman R. Tyler Jr* **GILMAN R. TYLER, JR.** DATE **2/24/02**
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, 2002 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	PD TYLER, GILMAN R., JR. 508 S HABANA AVE STE 360 TAMPA FL	<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	PD GILMAN R. TYLER, JR. 602 S. AUDUBON AVENUE, SUITE A TAMPA, FL. 33609	<input checked="" 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
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: *Gilman R. Tyler Jr* **GILMAN R. TYLER, JR.** DATE **2/25/02** DAYTIME PHONE # **813-877-1415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)