

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K53372

1. Entity Name

GUILLERMO G. COQUELET, M.D., P.A.

FILED
Apr 05, 2000 8:00 am
Secretary of State

04-05-2000 90086 036 ***150.00

Principal Place of Business

Mailing Address

% GUILLERMO G. COQUELET
4181 HIGHLAND LOOP
NEW PORT RICHEY FL 34652

% GUILLERMO G. COQUELET
4181 HIGHLAND LOOP
NEW PORT RICHEY FL 34652-5974

633415



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1765 OVERVIEW DR.

1765 OVERVIEW DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

New Port Richey FL.

New Port Richey, FL.

4. FEI Number

59-2921945

Applied For

Not Applicable

Zip

Country

34655

USA

Zip

Country

34655

USA

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

COQUELET, GUILLERMO G.
4181 HIGHLAND LOOP
NEW PORT RICHEY FL 34652

Name

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

1765 OVERVIEW DRIVE

City

New Port Richey

FL

Zip Code

34655

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, 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	D	<input type="checkbox"/> Delete
NAME	COQUELET, GUILLERMO G.	
STREET ADDRESS	1765 OVERVIEW DR	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Guillermo G. Coquelet
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000.

Date

727-372-8359

Daytime Phone #

CR2E034 (9/99)