

2000 UNIFORM BUSINESS REPORT (UBR)

6/1

DOCUMENT # **K744.82**

1. Entity Name

Metro Medical Plaza, Inc.

FILED
Jul 07, 2000 8:00 am
Secretary of State

06-12-2000 90032 045 ***150.00

Principal Place of Business

Mailing Address

13691 Metro Parkway South Ste 100 Ft. Myers, FL 33912 **Same**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

FL

Zip Code

Joseph J. Holmes
13691 Metro Pkwy S, Ste 100
Ft. Myers, FL 33912

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	President	☐ Delete
NAME	Joseph J. Holmes	
STREET ADDRESS	13691 Metro Pkwy S, Ste 100	
CITY-ST-ZIP	Ft. Myers, FL 33912	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-6-00 **941-768-3032**

CR2E034 (9/99)



Doc # R 17902
Metro Medical Plaza Associates, Ltd.

Corner of Daniels Road and Metropolitan Parkway

106465

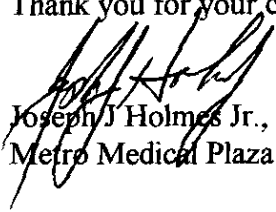
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

June 27, 2000

Dear Sir or Madam,

Metro Medical Plaza Inc. had an office manager leave in the beginning of the year. The original Uniform Business Report was either lost or it was never received. I am asking that you consider waiving the \$400.00 late fee in light of this. I have enclosed a previous letter dated June 6, 2000 that requested the form, and a copy of our completed UBR form. Our check for \$150.00 has previously been sent to your office.

Thank you for your consideration,


Joseph J. Holmes Jr., President
Metro Medical Plaza Inc.