

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90678 001 ***300.00

DOCUMENT # L00051

1. Entity Name
HARTOG AND DUBOY PROPERTIES, INC.



Principal Place of Business
**1733 LAKELAND HILLS BLVD.
1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805
US**

Mailing Address
**% ROBERT J. BERTRAND
1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2958730**

Applied For

Not Applicable

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

**DUBOY, ALBERTO M.D.
1733 LAKELAND HILLS BLVD.
LAKELAND FL 33805**

Name **ALVAREZ, PETER M.D.**
Street Address (P.O. Box Number is Not Acceptable)
1733 LAKELAND HILLS BLVD.
City **LAKELAND** FL **33805**

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 **Peter Alvarez M.D.**
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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V ALVAREZ, PETER M.D. 1733 LAKELAND HILLS BLVD LAKELAND FL 33805 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P DUBOY, ALBERTO M.D. 1733 LAKELAND HILLS BLVD LAKELAND FL | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V PURETZ, JEFFREY M.D. 1733 LAKELAND HILLS BLVD. LAKELAND FL 33805 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S DAMIAN, GRACIA M.D. 1733 LAKELAND HILLS BLVD. LAKELAND FL 33805 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T CARAVELLO, JOHJ M.D. 1733 LAKELAND HILLS BLVD. LAKELAND FL 33805 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)