

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L38326

1. Entity Name

DEBORAH C. FLANAGAN, O.D., P.A.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90117 007 ***150.00

Principal Place of Business

Mailing Address

% DYRIL L. FLANAGAN
 2914 FIRST AVENUE NORTH
 ST PETERSBURG FL 33713

% DYRIL L. FLANAGAN
 2914 FIRST AVENUE NORTH
 ST PETERSBURG FL 33713-8635

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3008682

Applied For

Not Applicable

Zip

Country

Zip

Country

Pinellas

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

FLANAGAN, DYRIL L
 2950 5TH AVENUE NORTH
 ST PETERSBURG FL FL 33713

Name

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

City

FL

Zip Code

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 of person or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 FLANAGAN, DEBORAH C
 2914 FIRST AVENUE NORTH
 ST PETERSBURG FL ☐ Delete

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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 #

4/28/00

727-321-6600