

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L72308**

1. Entity Name

TODD KALEEL, M.D., P.A.**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90083 019 ***150.00

Principal Place of Business

Mailing Address

**3301 BAYSHORE BLVD
APT 907
TAMPA FL 33629
US****3301 BAYSHORE BLVD
APT 907
TAMPA FL 33629-8843
US**

00014004



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3005734**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

**ENGLANDER, LEONARD S.
721 1ST AVE NORTH
SUITE 201
SAINT PETERSBURG FL 33701**

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, 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 E
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPVS
KALEEL, TODD M.D.
3301 BAYSHORE BLVD, APT 907
TAMPA FL 33629**☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐TITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP☐ Change☐

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/01/00

Date

813-831-8245

Daytime Phone #