

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90092 044 ***150.00

DOCUMENT # P00000009444

1. Entity Name

UROLOGY CENTRAL, P.A.

Principal Place of Business

10,000 W. COLONIAL DR., SUITE 285
OCOE FL 34761

Mailing Address

10,000 W. COLONIAL DR., SUITE 285
OCOE FL 34761

2. Principal Place of Business

10 000 W Hwy 50

Suite, Apt. #, etc.

OCOE FL

3. Mailing Address

Same

Suite, Apt. #, etc.

Same

City & State

34761

City & State

Same

Zip

Country

Oral

Zip

Country

4. FEI Number

036385299

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REID, JOHN J
390 N. ORANGE AVE., SUITE 800
ORLANDO FL 32801

7. Name and Address of New Registered Agent

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, 2001 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

TITLE ☐ Delete
NAME **D HILWA, NABIL**
STREET ADDRESS **1000 W HWY 50**
CITY-ST-ZIP **ALTMONTE SPRINGS FL 32716 Suite #285**

TITLE ☐ Delete
NAME **OCOE FL 34761**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **Secretary**
STREET ADDRESS **Jaym Cosman**
CITY-ST-ZIP **10000 W HWY 50 #285 OCOE FL 34761**

TITLE ☐ Delete
NAME **Treasurer**
STREET ADDRESS **Shade Wilson**
CITY-ST-ZIP **10 000 W Hwy 50 #285 OCOE FL 34761**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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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 #

4/2/01

407 298-6950

CR2E034 (10/00)