

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90030 029 ***150.00

DOCUMENT # P00000011735

1. Entity Name

TAMPA BAY PERSONAL INJURY CLINIC, INC.

Principal Place of Business

Mailing Address

~~304 S WILLOW AVE~~ **701 W. M. LK.** ~~304 S WILLOW AVE~~ **701 W. M. LK.**
~~TAMPA FL 33606~~ **BIYD** ~~TAMPA FL 33606~~ **BIYD**
33603 Suite #5 **Tampa** **33603** **#5**

2. Principal Place of Business

3. Mailing Address

701 W. M. LK BIYD **Same**
 Suite, Apt. #, etc. **#5** Suite, Apt. #, etc.

City & State

City & State

Tampa

Zip

Country

33603

USA

Zip

Country

33603

USA

4. FEI Number

Applied For

59-3627166

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

GONZALEZ, JOE M
304 S WILLOW AVE
TAMPA FL 33606

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	CARUSO, ELIZABETH	
STREET ADDRESS	6818 CREEK DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	STD	<input type="checkbox"/> Delete
NAME	PADRON, ALBERTO	
STREET ADDRESS	6818 CREEK DRIVE	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	President, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZABETH	
STREET ADDRESS	P.O. BOX 152953	
CITY-ST-ZIP	Tampa FL 33684	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 officers or directors.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth Martinez **11/7/01** **8132314884**

CR2E034 (10/00)