

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 8:00 am
Secretary of State
 04-18-2001 90022 008 ***150.00

DOCUMENT # P00000034321

1. Entity Name
COLIN CHAN, M.D., P.A.

Principal Place of Business
 11538 7TH LANE NORTH
 ST. PETERSBURG FL 33716

Mailing Address
 P.O. BOX 20594
 ST. PETERSBURG FL 33742-0594

2. Principal Place of Business
SAME but add #1307 (Apt.)

Suite, Apt. #, etc.
#1307 (Apt.)

City & State
SAME

Zip
SAME

Country
SAME

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number
59-3636954

5. Certificate of Status Desired ☐ Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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: **COLIN CHAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

Date

727-643-8855

Daytime Phone #

CR2E034 (10/00)