

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 08, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000041790

1. Entity Name
NICHOLAS P. KLOKOCHAR, M.D., P.A.

Principal Place of Business 2335 TAMiami TRAIL, NORTH, UNIT 406 NAPLES FL 34106	Mailing Address 2335 TAMiami TRAIL, NORTH, UNIT 406 NAPLES FL 34106
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2. Principal Place of Business 2335 TAMiami TRAIL, NORTH	3. Mailing Address 2335 TAMiami TRAIL, NORTH
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Suite, Apt. #, etc. SUITE 406	Suite, Apt. #, etc. SUITE 406
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City & State NAPLES FL	City & State NAPLES FL
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Zip 34103	Country	Zip 34103	Country
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4. FEI Number 65-1003068	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCHWEIKHARDT WILLIAM
900 6TH AVE, S, SUITE 203

NAPLES FL 34102 US

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 _____ DATE 01/08/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLOKOCHAR NICHOLAS P.M.D. 1979 4TH ST. S. NAPLES FL 34102 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: NICHOLAS P. KLOKOCHAR, M.D.

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01/08/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)