

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90024 046 \*\*\*150.00

**DOCUMENT # P00000045304**

1. Entity Name

**RICHARD A. DELUCIA JR., M.D. P.A.**

Principal Place of Business

**14220 CYBER PLACE- #103  
TAMPA FL 33613**

Mailing Address

**14220 CYBER PLACE- #103  
TAMPA FL 33613**

2. Principal Place of Business

**1002 South Old Dixie Hwy**

Suite, Apt. #, etc.

**Suite 306**

3. Mailing Address

**1002 S. Old Dixie Hwy**

Suite, Apt. #, etc.

**Suite 306**

City & State

**Jupiter FL**

City & State

**Jupiter FL**

Zip

**33458**

Country

**USA**

Zip

**33458**

Country

**USA**



DO NOT WRITE IN THIS SPACE

4. FEL Number

**39-3643977**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DELUCIA, RICHARD A JR.  
14220 CYBER PLACE- #103  
TAMPA FL 33613**

7. Name and Address of New Registered Agent

Name **Richard A. Delucia Jr**

Street Address (P.O. Box Number is Not Acceptable)

**2317 23rd Court**

City

**Jupiter**

**FL**

Zip Code

**33477**

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 **Richard A Delucia Jr**

**RICHARD DELUCIA**

**March 1, 2001**

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 **PD** ☐ Delete  
NAME **DELUCIA, RICHARD A JR.**  
STREET ADDRESS **14220 CYBER PLACE- #103**  
CITY-ST-ZIP **TAMPA FL 33613** *new address*

TITLE **Above** ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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: **Richard A Delucia Jr**

**RICHARD DELUCIA**

**March 1, 2001**

**(561) 743-0005**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0513339