

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90005 036 ***150.00

DOCUMENT # P00000055975

1. Entity Name
JOSEPH S. CHIRILLO, JR, M.D. P.A.

Principal Place of Business
**190 W DEARBORN STREET
 SARASOTA FL 34223**

Mailing Address
**190 W DEARBORN STREET
 SARASOTA FL 34223**

536915



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
190 W DEARBORN ST.
 Suite, Apt. #, etc.

3. Mailing Address
190 W DEARBORN ST.
 Suite, Apt. #, etc.

City & State
ENGLEWOOD, FL

City & State
ENGLEWOOD, FL

4. FEI Number
65-1016646

Applied For
 Not Applicable

Zip Country
34223 SARASOTA

Zip Country
34223 SARASOTA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**CHIRILLO, JOSEPH S JR
 190 W DEARBORN STREET
 SARASOTA FL 34223**

7. Name and Address of New Registered Agent

Name **SAME**
 Street Address (P.O. Box Number is Not Acceptable)
SAME
~~ENGLEWOOD~~
 City **ENGLEWOOD** FL Zip Code **34223**

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 _____ (NOTE: Registered Agent signature required when re-instating) 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD CHIRILLO, JOSEPH S JR 635 PALOMINO TRAIL ENGLEWOOD FL 34223	<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
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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:
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-01
 Date Day, mo Phone #

UNCLASIFIED

CR2E034 (10/00)