

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000058196

1. Entity Name

VERONICA L. CLEMENT, PH.D., P.A.

Principal Place of Business

601 7TH ST S  
ST PETERSBURG FL 33701

Mailing Address

601 7TH ST S  
ST PETERSBURG FL 33701

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

P.O. Box 172326

Suite, Apt. #, etc.

City & State

Tampa, FL

Zip

33672-0326

Country

4. FEI Number

59-3663617

Applied For

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

MIKOS, CYNTHIA A  
205 N PARSONS AVE, SUITE A  
BRANDON FL 33510

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

President em

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

Veronica L. Clement, PhD  
President / Secretary  
P.O. Box 172326  
Tampa, FL 33672-0326

☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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:

Veronica L. Clement

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-12-2001 (727) 624-8026

Date

Daytime Phone #

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90062 048 \*\*\*150.00

A0023333



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)