

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000066091**

1. Entity Name

WILLIAM J. COTTONE, O.D., P.A.**FILED****May 14, 2001 8:00 am**
Secretary of State

05-14-2001 90069 012 ***150.00

Principal Place of Business

3036 E TAMAMI TR
PORT CHARLOTTE FL 33952

Mailing Address

3036 E TAMAMI TR
PORT CHARLOTTE FL 33952

2. Principal Place of Business

2586 Tamiami Trail

3. Mailing Address

2586 Tamiami Trail

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Port Charlotte, FL

City & State

Port Charlotte, FL

Zip

33952

Country

USA

Zip

33952

Country

USA

4. FEI Number

75-2347166

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****COTTONE, ROBERT J**
5363 NW 35TH AVE
FT LAUDERDALE FL 33309

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

William J. Cottone, O.D.**4/27/2001**

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 State10. 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 **D** ☐ Delete
NAME **COTTONE, WILLIAM J O.D.**
STREET ADDRESS **3257 GABOR ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33948**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)