

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90113 025 ***150.00

920210



DO NOT WRITE IN THIS SPACE

DOCUMENT # P00000091163

1. Entity Name
JUSTO MAQUEIRA, JR., M.D., P.A.

Principal Place of Business
**1219 GREYBROOKE PL
 OLDSMAR FL 34677**

Mailing Address
**1219 GREYBROOKE PL
 OLDSMAR FL 34677**

2. Principal Place of Business
703 VIRGINIA

3. Mailing Address
PO BOX 1419

Suite, Apt. #, etc.

City & State
DUNEDIN FLORIDA

City & State
PALM HARBOR FL

Zip
34698

Country
Pinellas

Zip
34682

Country
Pinellas

4. FEI Number
59-3674761

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SPANOLIOS, JAMES J P.A.
 36318 US HWY 19 N
 PALM HARBOR FL 34684**

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 _____
 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. ☐ **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	PD	<input type="checkbox"/> Delete	TITLE	MAQUEIRA, Justo Jr, M.D. P.A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAQUEIRA, JUSTO JR MA		NAME	703 Virginia Street	
STREET ADDRESS	1219 GREYBROOKE PL		STREET ADDRESS	DUNEDIN FL 34698	
CITY-ST-ZIP	OLDSMAR FL 34677		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 **2/21/01** Daytime Phone # **727-738-5900**

CR2E034 (10/00)