FILED
Jul 24, 2003 8:00 am
Secretary of State
07-24-2003 90115 006 ***158.75

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000095634

1. Entity Name
WILLIAM CUBIDES, INC.

90146336

Principal Place of Business	Mailing Address
14240 PASSAGE WAY SEMINOLE, FL 33776-1001	14240 PASSAGE WAY SEMINOLE, FL 33776-1001

[redacted]

2. Principal Place of Business	3. Mailing Address
118 Th - 52ND AVE. W.	P. O. BOX 46587
Suite, Apt. #, etc. REAR APT.	Suite, Apt. #, etc.
City & State ST. PETE BEACH	City & State ST. PETERSBURG
Zip 33706 Country	Zip 33741-6587 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3677956 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CUBIDES, WILLIAM D
14240 PASSAGE WAY
SEMINOLE, FL 33776-1001

7. Name and Address of New Registered Agent

Name William Cubides, M.D.
Street Address (P.O. Box Number Is Not Acceptable)
118 Th - 52nd AVE. WEST (REAR)
City ST. PETE BEACH FL Zip Code 33706

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 7-21-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTS	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	CUBIDES, WILLIAM D		NAME	CUBIDES, William	
STREET ADDRESS	14240 PASSAGE WAY		STREET ADDRESS	118 TH - 52ND AVE. W.	
CITY-ST-ZIP	SEMINOLE, FL 337761001		CITY-ST-ZIP	ST. PETE BEACH, FL. 33706	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 7-21-03 ; 727-504-8667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment

901146336

#P00000935634

WILLIAM CUBIDES, INC.
118 Th. 52nd Ave. W.
St. Pete Beach, Fl. 33706

July 21st, 2003

Department of State of Florida
Division of Corporations
P.O. Box 6327
Tallahassee, Fl. 32314

To Whom it may concern:

I was force to move my corporation office in a rush and I did not get the UBR form at the new address,for the present year. There was a major change of the personal working with me at the office,and I just caught up with the files and realize the up to date UBR was missing.
If you please allow me to have a waiver for this mistake,I will make sure it does not happen again.
I am including a $150.00 dollars fee. with an additional $8.75 for the certificate of status.
Thank you for the attention to this request.

Sincerely,

William Cubides,M.D.
(President)