

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90124 014 ***150.00

DOCUMENT # P01000001323 ✓

1. Entity Name

TAMPA BAY JAW AND FACIAL SURGERY, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14005 N. DALE MABRY

Suite, Apt. #, etc.

3. Mailing Address

3355 BEARSS AVE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3687020

Applied For

Not Applicable

Zip

33618

Country

USA

Zip

33618

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

WALTER S. SANDERS

Street Address (P.O. Box Number is Not Acceptable)

3355 BEARSS AVE

City TAMPA

FL

Zip Code

33618

**DO NOT WRITE
IN THIS SPACE**

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

Walter Sanders

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so. ☐

(See criteria on back)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MRUGALA, CHRISTINE M.
14005 N. DALE MABRY HWY.
TAMPA, FL 33618

TITLE
NAME
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Christine M. Mrugala

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-02

Date

813-264-2286

Daytime Phone #

CR2E034B (12/01)

WS

Walter S. Sanders & Associates, P.A.

ACCOUNTANT • TAX SPECIALIST • BUSINESS CONSULTANT

Attachment PO1000001323
121537

July 11, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, Florida 32302-1500

RE: Tampa Bay Jaw and Facial Surgery, P.A.
FEI# 59-3687020

Dear Sir or Madam:

We recently discovered that the Uniform Business Report for 2002 was never received at our office and are remitting a handwritten, 2002 UBR form and a check for \$150.00 for the filing fee. We are asking that any late penalty be abated since the State of Florida Department of Revenue failed to mail to Tampa Bay Jaw and Facial Surgery, P.A. or the post office failed to deliver an original Uniform Business Report for the year 2002.

Thank you.

Sincerely,

Walter S. Sanders

Walter S. Sanders

WS/sw