

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90008 048 \*\*\*150.00

**DOCUMENT # P01000015753**

1. Entity Name  
**CRAIG A. USAS, M.D., P.A.**

Principal Place of Business  
**4823 SANDS BLVD**  
**CAPE CORAL FL 33914**

Mailing Address  
**4823 SANDS BLVD**  
**CAPE CORAL FL 33914**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

**1110 17th ST.**

Suite, Apt. #, etc.

**1110 17th ST.**

City & State

**KEY WEST, FL**

City & State

**KEY WEST, FL**

Zip

**33040**

Country

Zip

**33040**

Country

4. FEI Number

**65-1075871**

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

**USAS, CRAIG A M.D.**  
**4823 SANDS BLVD**  
**CAPE CORAL FL 33914**

Name **SAME**

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

**1110 17th ST.**

City

**KEY WEST**

**FL**

Zip Code

**33040**

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, 2002 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	<b>PSTD USAS, CRAIG A M.D. 4823 SANDS BLVD CAPE CORAL FL 33914</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**(CRAIG A. USAS, M.D.)**

**1/29/02**

**3052958738**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)