

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2002 8:00 am**  
**Secretary of State**

0412937  
 AV

03-14-2002 90330 002 \*\*\*150.00

**DOCUMENT # P93000026686**

1. Entity Name

**MICHAEL L. CASELNOVA, M.D., P.A.**

Principal Place of Business

**6748 GALL BLVD  
 SUITE 130  
 ZEPHYRHILLS FL 33541  
 US**

Mailing Address

**6748 GALL BLVD  
 SUITE 130  
 ZEPHYRHILLS FL 33541  
 US**

2. Principal Place of Business

**7209 Greenslope Dr**

3. Mailing Address

**7209 Green slope Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Zephyrhills, FL**

City & State

**Zephyrhills, FL**

4. FEI Number

**59-3177853**

Applied For

Not Applicable

Zip

**33541**

Country

**USA**

Zip

**33541**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**JACOBS, RICHARD O  
 ONE PROGRESS PLAZA  
 200 CENTRAL AVE STE 1600  
 SAINT PETERSBURG FL 33701**

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.  
 (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

TITLE **PD** ☐ Delete  
 NAME **CASELNOVA, MICHAEL L M**  
 STREET ADDRESS **6748 GALL BLVD, STE 130**  
 CITY-ST-ZIP **ZEPHYRHILLS FL 33541**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

TITLE ☐ 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:

**MICHAEL L. CASELNOVA, M.D., P.A. PRES.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**03/03/02**

**813-782-2646**

CR2E034 (9/01)