

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90168 046 ***150.00

DOCUMENT # P93000027801

1. Entity Name

CENTRAL FLORIDA CLINICAL STUDIES, INC.

Principal Place of Business

Mailing Address

11140 W COLONIAL DR
 SUITE 3
 OCOEE FL 34761

11140 W COLONIAL DR
 SUITE 3
 OCOEE FL 34761-3300
 US

2. Principal Place of Business

3. Mailing Address

10,000 W Colonial Drive

10 000 W Colonial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

+ 289

Suite 289

City & State

City & State

Ocoee FL

Ocoee FL

Zip

Zip

34761

34761

Country

Country

USA

USA

4. FEI Number **59-3172664**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAOS, ANTONIO

~~11140 W. COLONIAL DRIVE~~

~~SUITE 3~~

~~OCOEE FL 34761~~

Name

CAOS, ANTONIO

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

10,000 W. Colonial Drive Suite 289

City

Ocoee

FL

Zip Code

34761

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

Antonio Carlos

2/14/00

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, 2000 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	D CAOS, ANTONIO 11140 W. COLONIAL DRIVE #3 OCOEE FL 34761	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>10000 W Colonial Drive Suite 289</i> <i>Ocoee, FL 34761</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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:

Antonio Carlos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/00
 Date

Daytime Phone #

CR2E034 (9/99)