

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90152 042 ***150.00

DOCUMENT # P93000085553

1. Entity Name

WILLIAM O. MALONE, JR., O.D., P.A.

Principal Place of Business

**11921 N DALE MABRY HIGHWAY
TAMPA FL 33618**

Mailing Address

**11921 N DALE MABRY HIGHWAY
TAMPA FL 33618**

2. Principal Place of Business

3. Mailing Address

719 W Fletcher Ave

14229 Wadsworth Dr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Odessa FL

Zip

33612

Country

USA

Zip

33556

Country

USA

4. FEI Number

59-3219192

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

MALONE, WILLIAM O JR

**11921 N DALE MABRY HIGHWAY
TAMPA FL 33618**

Name

William O. Malone, Jr.

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

14229 Wadsworth Dr.

City

Odessa

FL

Zip Code

33556

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)

4/18/02

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 **D** ☐ Delete
NAME **MALONE, WILLIAM O JR**
STREET ADDRESS **11921 N DALE MABRY**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ Change ☐ Addition
NAME **Same**
STREET ADDRESS **14229 Wadsworth Dr.**
CITY-ST-ZIP **Odessa FL 33556**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
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:

William O. Malone, Jr.

Date

4/18/02

Daytime Phone #

(813) 926-0034

CR2E034 (9/01)