

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2002 8:00 am**  
**Secretary of State**

01-17-2002 90051 026 \*\*\*150.00

**DOCUMENT # P93000088226**

1. Entity Name

**FRANK COLUNGA, M.D., P.A.**

Principal Place of Business

**2015 EL CERITO CT  
PUNTA GORDA FL 33950  
US**

Mailing Address

**2015 EL CERITO ST  
PUNTA GORDA FL 33950  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3220284**

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

**WEINSTEIN, SCOTT WM.  
1625 HENDRY STREET  
SUITE 103  
FORT MYERS FL 33901**

Name

**Frank L. Colunga**

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

**2015 EL Cerito Ct**

City

**Punta Gorda**

FL

Zip Code

**33950**

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

**Frank L. Colunga, president 1/8/2002**

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 **PSTD** ☒ Delete  
NAME **COLUNGA, FRANK**  
STREET ADDRESS **724 VIA TUNIS**  
CITY-ST-ZIP **PUNTA GORDA FL**

TITLE **PSTD** ☒ Change ☐ Addition  
NAME **Colunga, Frank**  
STREET ADDRESS **2015 EL Cerito Ct**  
CITY-ST-ZIP **Punta Gorda FL 33950**

TITLE **PSTD** ☐ Delete  
NAME **Colunga, Frank** ERROR  
STREET ADDRESS **2015 EL Cerito Ct**  
CITY-ST-ZIP **Punta Gorda, FL 33950**

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

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/8/02 941-575-7942**  
Date Daytime Phone #

CR2E034 (9/01)