

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90314 039 ***150.00

DOCUMENT # P94000070631

1. Entity Name
HEYSEK & KEPES, M.D.'S, P.A.

Principal Place of Business
**303 NORTH ALEXANDER STREET
 PLANT CITY FL 33566
 US**

Mailing Address
**303 NORTH ALEXANDER STREET
 PLANT CITY FL 33566
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3271871

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KEPES, KATHRYN L
 303 N ALEXANDER STREET
 PLANT CITY FL 33566**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **KEPES, KATHRYN L.**
 STREET ADDRESS **4503 COUNTRY GATE CT.**
 CITY-ST-ZIP **VALRICO FL**

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

TITLE **S** ☐ Delete
 NAME **HEYSEK, RANDY V**
 STREET ADDRESS **1703 THONOTOSA RD. 3200**
 CITY-ST-ZIP **PLANT CITY FL 33567**

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
 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

Kathryn L. Kepes, M.D. 4/14/02 (83) 7A-705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

208 S. Macdill Avenue
Suite B
Tampa, Florida 33609

Accounting • Tax



Management Services

Marcy R. Singleton, C.P.A., P.A.

Certified Public Accountant

Phone: 813/877-1114
FAX: 813/872-9919

Handwritten: #194000670631

Date 4/09/02

**CORPORATION ANNUAL REPORT
FORM CR2EO34
YEAR 2002**

INSTRUCTIONS FOR FILING

Enclosed is your **Corporation Annual Report**.

DUE DATE: On or before May 1, 2002

FEE DUE: \$ **150.00** payable to the **Department of State**, in full.

SIGNATURE: The return must be signed and dated where indicated by check marks by any **officer**.

MAILING INSTRUCTIONS: The return should be mailed to the:

Division of Corporations
Annual Reports Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

Use the pre-addressed envelope, if available.

SPECIAL INSTRUCTIONS: