

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90039 009 ***150.00

DOCUMENT # P95000097656

1. Entity Name

MARK HETHERINGTON, O.D., P.A.

Principal Place of Business

665 1ST AVENUE NORTH
SAFETY HARBOR FL 34695

Mailing Address

665 1ST AVENUE NORTH
SAFETY HARBOR FL 34695

2. Principal Place of Business

955 54th Avenue North
Suite, Apt. #, etc.

3. Mailing Address

19 Harbor Lake Circle
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

St. Petersburg

City & State

Safety Harbor, FL

4. FEI Number

59-3355964

Applied For

Not Applicable

Zip

Country

33703

Pineellas

Zip

Country

34695

Pineellas

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

HETHERINGTON, MARK
665 1ST AVENUE NORTH
SAFETY HARBOR FL 34695

Name

Hetherington Mark

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

19 Harbor Lake Circle

City

Safety Harbor

FL

Zip Code

34695

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

Mark Hetherington O.D. Pres Mark Hetherington, O.D. President

04-13-01

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, 2001 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	<input type="checkbox"/> Delete
NAME	HETHERINGTON, MARK	
STREET ADDRESS	665 1ST AVENUE NORTH	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	
TITLE	P	<input type="checkbox"/> Delete
NAME	HETHERINGTON, MARK	
STREET ADDRESS	665 1ST AVENUE, N	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	HETHERINGTON, MARK	
STREET ADDRESS	665 1ST AVENUE, N	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HEHERINGTON, MARK	
STREET ADDRESS	665 1ST AVENUE, N	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	S	<input type="checkbox"/> Delete
NAME	HETHERINGTON, MARK	
STREET ADDRESS	665 1ST AVENUE, N	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	19 Harbor Lake Circle	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	19 Harbor Lake Circle	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	19 Harbor Lake Circle	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	19 Harbor Lake Circle	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Same	
STREET ADDRESS	19 Harbor Lake Circle	
CITY-ST-ZIP	Safety Harbor, FL 34695	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Mark Hetherington O.D. Pres Mark Hetherington, O.D. President 04-13-01 727-522-3776

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)