

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010122

1. Entity Name

CANCER REPORTING SERVICES, INC.

FILED
Mar 01, 2000 8:00 am
Secretary of State

03-01-2000 90096 006 ***150.00

Principal Place of Business

Mailing Address

3811 LANDINGS WAY DRIVE
APT 306
TAMPA FL 33624
US

3811 LANDINGS WAY DRIVE
APT 306
TAMPA FL 34609-9689
US

A0023595



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

11432 DEER CROFT COURT

11432 DEER CROFT COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SPRING HILL FL

City & State

Spring Hill FL

4. FEI Number

65-0642507

Applied For

Not Applicable

Zip

Country

34609-9689 HERNANDO

Zip

Country

34609-9689 HERNANDO

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

DE LA PARTE, L. DAVID
101 E. KENNEDY BLV., SUITE 3400
TAMPA FL 33602

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

Susan K Smith President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2.15.00

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 D
NAME SMITH, SUSAN K
STREET ADDRESS 3811 LANDINGS WAY DRIVE, APT 306
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D
NAME SMITH, LOWELL D.
STREET ADDRESS 3811 LANDINGS WAY DR., APT 306
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE D
NAME SMITH, KATHERINE S.
STREET ADDRESS 3811 LANDINGS WAY DR., APT 306
CITY-ST-ZIP TAMPA FL

☐ Delete

TITLE S
NAME REESOR, KATHERINE D.
STREET ADDRESS 853 E FAIRBAIRN DR
CITY-ST-ZIP DELTONA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE President
NAME Smith, Susan K
STREET ADDRESS 11432 DEER CROFT COURT
CITY-ST-ZIP Spring Hill, FL 34609-9689

☒ Change ☐ Addition

TITLE D
NAME SMITH, LOWELL D
STREET ADDRESS 11435 Bruce B Downs Blvd #2014
CITY-ST-ZIP Tampa, FL 33613

☒ Change ☐ Addition

TITLE D
NAME Smith, Katherine S
STREET ADDRESS 2198 S Paris Way #104
CITY-ST-ZIP AURORA, CO 80014

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

Susan K Smith

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.15.00

Date

352.666.9143

Daytime Phone #

CR2E034 (9/99)