

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000032398

1. Entity Name
CAROLINE MAZELIN, P.A.

FILED
Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90080 021 ***150.00

Principal Place of Business
4852 POST POINTE DRIVE
SARASOTA FL 34243

Mailing Address
4852 POST POINTE DRIVE
SARASOTA FL 34243
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4852 POST POINTE DR.
Suite, Apt. #, etc.

3. Mailing Address
4852 POST POINTE DR.
Suite, Apt. #, etc.

City & State
SARASOTA, FL
Zip
34233
Country
US

City & State
SARASOTA, FL
Zip
34233
Country
US

4. FEI Number 65-0658797
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

MAZELIN, ROY S
4852 POST POINTE DRIVE
SARASOTA FL 34243

Name
ROY S. MAZELIN
Street Address (P.O. Box Number is Not Acceptable)
4852 POST POINTE DR.
City
SARASOTA FL Zip Code
34233

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 Roy S. Mazelin ROY S. MAZELIN, TREAS. 4/7/01
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD MAZELIN, CAROLINE M 4852 POST POINTE DRIVE SARASOTA FL 34243	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD MAZELIN, ROY S 4852 POST POINTE DRIVE SARASOTA FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MAZELIN, CAROLINE M. 4852 POST POINTE DR. SARASOTA FL 34233	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: Roy S. Mazelin ROY S. MAZELIN 4/7/2001 941-926-4446
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)