

2001 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 2

DOCUMENT # **P9600004196**
 1. Entity Name
Carmine J. Chiocciariello, P.T., PA
DBA Sports Injury & Physical Therapy

FILED

02 JAN -2 PM 5:51

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

500004765335--2
 -01/10/02--01073--004
 ****150.00 ****150.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1001 37th St North **Same**
Suite D
St. Petersburg, FL 33713

2. Principal Place of Business 3. Mailing Address
1001 37th St N. **Same**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite D

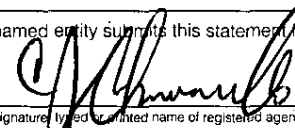
City & State City & State
St. Petersburg, FL
 Zip Country Zip Country
33762 **Piellas**

4. FEI Number Applied For
59-3377895 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Carmine J. Chiocciariello
1001 37th St N. Suite D.
St. Petersburg FL 33713

7. Name and Address of New Registered Agent
 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  **12/5/01**
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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		
TITLE	<input type="checkbox"/> Delete	
NAME	President / Director	
STREET ADDRESS	Carmine J. Chiocciariello	
CITY-ST-ZIP	1001 37th St N. Suite D	
	St. Petersburg, FL 33713	
TITLE	<input type="checkbox"/> Delete	
NAME	Vice President	
STREET ADDRESS	Carmine J. Chiocciariello	
CITY-ST-ZIP	1001 37th Street No. Ste. D	
	St. Petersburg, FL 33713	
TITLE	<input type="checkbox"/> Delete	
NAME	Secretary	
STREET ADDRESS	Carmine J. Chiocciariello	
CITY-ST-ZIP	1001 37th Street No. Ste. D	
	St. Petersburg, FL 33713	
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	500004765335--2	
STREET ADDRESS	-01/10/02--01073--005	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  **12/5/01 727-561-0054**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/01)

1001 37th Street No., Suite D
St. Petersburg, FL 33713



**Sports Injury &
Physical Therapy**

Phone (727) 327-6897
Fax (727) 327-2897

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December 5, 2001

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

Re: Waiving Reinstatement Fee

To Whom-It May Concern:

This letter is a request to waive the reinstatement fee of \$750.00. When last filing our form in September of 2000 there was an address change made. However the address was never changed in your records. This year the reinstatement form was never received due to an incorrect address. If you check your records you will see that the two attempts that were made to re file were returned to you. Thank you for your time and consideration.

Sincerely,

Carmine J. Chioccariello P.T., PA