

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90378 035 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000063466

1. Entity Name
ALKA D. TIWARY, D.D.S., P.A.

Principal Place of Business
**11258 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33635**

Mailing Address
**11258 WEST HILLSBOROUGH AVENUE
 TAMPA FL 33635**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

4. FEI Number **59-3387675**
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**TIWARY, ALKA D
 2441 EAST HILLCREST CIRCLE
 CLEARWATER FL 33759**

7. Name and Address of New Registered Agent
 Name **Alka D. Tiwary**
 Street Address (P.O. Box Number is Not Acceptable) **2771 Camden Rd.**
 City **Clearwater FL** Zip Code **33759**

*New Add
 Change Add*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Alka D Tiwary** (NOTE: Registered Agent signature required when reinstating) DATE **7/2/02**

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 13, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST TIWARY, ALKA D 2441 EAST HILLCREST CIRCLE CLEARWATER FL 34619	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIWARY, ALKA D 2441 EAST HILLCREST CIRCLE CLEARWATER FL 34619	<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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: **Alka D Tiwary** DATE **7/2/02** Daytime Phone #

CR2E034 (4/02)

Attachment

B0187966
7/2/02

#P96000063466

To whom it may concern:

I am now sending my uniform
business report. Because I did
not receive the one for May 1st

due date. I would like the

late charges to be waived and

please accept my payment for

\$150.00 dollars ~~which~~ which is

due now Thank you

Alka D Tiwari