

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000063466**

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

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

07-09-2002 90378 035 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business 11258 WEST HILLSBOROUGH AVENUE TAMPA FL 33635	Mailing Address 11258 WEST HILLSBOROUGH AVENUE TAMPA FL 33635
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 59-3387675	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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TIWARY, ALKA D 2441 EAST HILLCREST CIRCLE CLEARWATER FL 33759	New Add change Add Name: Alka D. Tiwary Street Address (P.O. Box Number is Not Acceptable) 2771 CAMDEN rd. City: Clearwater FL Zip Code: 33759
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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* DATE *7/2/02*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. **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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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"/> Change <input type="checkbox"/> Addition
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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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/02
Date
Daytime Phone #

CR2E034 (4/02)

Attachment

801027966
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
\$1150.00 dollars ~~which~~ which is
due now. Thank you

Asha D Tiwary