

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State

0545971 AV

DOCUMENT # P96000076477

1. Entity Name

CLAUDINA A. BONILLA, M.D., F.C.C.P., P.A.

04-03-2002 90190 007 ***150.00

Principal Place of Business 2626 TAMPA ROAD SUITE 204 PALM HARBOR FL 34684 US	Mailing Address 2626 TAMPA RD SUITE 204 LP PALM HARBOR FL 34684 US
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2. Principal Place of Business 1840 MEASE DRIVE Suite, Apt. #, etc. 405	3. Mailing Address 1840 MEASE DRIVE Suite, Apt. #, etc. 405
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DO NOT WRITE IN THIS SPACE

City & State SAFETY HARBOR FL	City & State SAFETY HARBOR, FL	4. FEI Number 59-3399991	Applied For <input type="checkbox"/> Not Applicable
Zip 34695	Country PINELLAS	Zip 34695	Country FLSA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BONILLA, CLAUDINA A 1536 SEAGULL DRIVE SUITE 303 PALM HARBOR FL 34685	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE

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, 2002 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PSTD BONILLA, CLAUDINA A 1536 SEAGULL DRIVE, #303 PALM HARBOR FL 34685		PSTD BONILLA, CLAUDINA 10103 PARLEY DRIVE TAMPA, FL 33626	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/02

(727) 724-7895

Date

Daytime Phone #

CR2E034 (9/01)