

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000088337

1. Entity Name

CARON MARIE HOBSON, R.N., P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90161 033 ***150.00

Principal Place of Business

Mailing Address

2627 BRATTLE LANE
CLEARWATER FL 33761
US

2627 BRATTLE LANE
CLEARWATER FL 33761-1203
US

2. Principal Place of Business

155 SAGE RD

3. Mailing Address

P.O. Box 1010

Suite, Apt. #, etc.

CRYSTAL BE

Suite, Apt. #, etc.

City & State

CRYSTAL BEACH, FL

City & State

CRYSTAL BEACH, FL

Zip

34681

Country

Zip

34681

Country

4. FEI Number

59-3407296

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

CONETTA, TAMI F ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER FL 34616

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

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	HOBSON, CARON MARIE	
STREET ADDRESS	2627 BRATTLE LANE P.O. Box 1010	
CITY-ST-ZIP	CLEARWATER FL CRYSTAL BEACH, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caron Marie Hobson, Director

3/15/00 784-5358

Date

Daytime Phone #

CR2E034 (9/99)