

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90257 011 ***150.00

0144167 SP

DOCUMENT # P96000102831

1. Entity Name
PERLA D. INACAY, M.D., P.A.

Principal Place of Business
**829 WEST MARTIN LUTHER KING DR.
 TAMPA FL 33603**

Mailing Address
**829 WEST MARTIN LUTHER KING DR.
 TAMPA FL 33603**

2. Principal Place of Business
701 WEST MARTIN LUTHER

3. Mailing Address
701 WEST MARTIN LUTHER

Suite, Apt. #, etc.
SUITE 6

City & State
TAMPA FL

Zip
33603

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3418427

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
**SCHECHT, NEIL S
 2909 W BAY TO BAY BLVD, PENTHOUSE
 TAMPA FL 33629**

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 *Perla D Inacay* **7/6/01**
 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INACAY, PERLA D 10404 SEASIDE WAY TAMPA FL <input type="checkbox"/> Delete	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"/> 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	<input type="checkbox"/> Delete	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: *Perla D Inacay* **7/6/01** **813-237-1106**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (5/01)

Attachment
A079410

AF6000102831

**Perla D. Inacay, M. D.
701 W. Martin Luther King Blvd.
Suite 6
Tampa, Florida 33603**

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

To Whom It May Concern:

Enclosed is a check 1522 for the 2001 Uniform Business Report . I had just received the form on July 5,2001 and promptly called your office to inquire about the late form. I was instructed to mail it with a check of \$150.00 and not to worry about the penalty.

Please be informed of the change of office address to: **701 W. Martin Luther King Blvd. Suite 6
Tampa, Florida 33603**

Thank you for your prompt attention to this matter.

Sincerely,



Perla D. Inacay, MD