

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000001592

1. Entity Name

OWEN R. SMITH, M.D., P.A.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90035 004 ***158.75

Principal Place of Business

Mailing Address

18386 TWILITE AVENUE
 CHARLOTTE FL 33948

18386 TWILITE AVENUE
 PORT CHARLOTTE FL 33594-7219
 US

2. Principal Place of Business

3. Mailing Address

2304 EAGLE BLUFF DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

VALRICO, FL.

(SAME)

City & State

City & State

Zip 33594

Country USA

Zip

Country

4. FEI Number

65-0729611

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

SMITH, OWEN R
 18386 TWILITE AVENUE
 PORT CHARLOTTE FL 33948

Name

SMITH, OWEN R.

Street Address (P.O. Box Number is Not Acceptable)

2304 EAGLE BLUFF DR.

City

VALRICO

FL

Zip Code

33594

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

1/12/00

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 PS
 NAME SMITH, OWEN R
 STREET ADDRESS 18386 TWILITE AVENUE
 CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE PS
 NAME SMITH, OWEN R ☒ Change ☐ Addition
 STREET ADDRESS 2304 EAGLE BLUFF DR.
 CITY-ST-ZIP VALRICO, FL 33594

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
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TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/00

Date

813-684-2902

Daytime Phone #

CR2E034 (9/99)