

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000017991

1. Entity Name

SANDRA STROUD, O.D., P.A.

FILED

May 11, 2001 8:00 am  
Secretary of State

05-11-2001 90096 014 \*\*\*150.00

Principal Place of Business

6272 SPOONBILL DRIVE  
NEW PORT RICHEY FL 34652

Mailing Address

6272 SPOONBILL DRIVE  
NEW PORT RICHEY FL 34652

2. Principal Place of Business

703 S. Pinellas Ave  
Suite, Apt. #, etc.

3. Mailing Address

703 S. Pinellas Ave  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Tarpon Springs

City & State

Tarpon Springs, FL

4. FEI Number

59-3429985

Applied For

Not Applicable

Zip

FL

Country

34689

Zip

34689

Country

USA

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

STROUD, SANDRA OD  
6272 SPOONBILL DRIVE  
NEW PORT RICHEY FL 34652

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

*Sandra Stroud*

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-01

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, 2001 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

TITLE **P** ☐ Delete  
NAME **STROUD, SANDRA**  
STREET ADDRESS **6272 SPOONBILL DRIVE**  
CITY-ST-ZIP **NEW PORT RICHEY FL 34652**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **703 S. Pinellas Ave.**  
CITY-ST-ZIP **Tarpon Springs, FL 34689**

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

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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:

*Sandra Stroud*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-16-01 (727) 937-6551

Daytime Phone #

CR2E034 (10/00)