

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000082637

1. Entity Name

THAMBYRATNAM THIRUCHELVAM, M.D., P.A.

Principal Place of Business

135 E. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

Mailing Address

135 E. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

2. Principal Place of Business

425 N. Peninsula Drive

3. Mailing Address

425 N. Peninsula Drive

Suite, Apt. #, etc.

Suite A

Suite, Apt. #, etc.

Suite A

City & State

Daytona Beach FL

City & State

Daytona Beach FL

Zip

32118

Country

USA

Zip

32118

Country

USA

4. FEI Number

59-3477295

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOOD, CHARLES D. JR.
444 SEABREEZE BLVD., STE. 900
DAYTONA BEACH FL 32118

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

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 13, 2000 Min. 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

☒ Delete
D
THIRUCHELVAM, THAMBYRATNAM
135 E. INTERNATIONAL SPEEDWAY BLVD.
DAYTONA BEACH FL 32118

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	THIRUCHELVAM, THAMBYRATNAM	135 E. INTERNATIONAL SPEEDWAY BLVD.	DAYTONA BEACH FL 32118	<input checked="" type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		
				<input type="checkbox"/>		

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

08/04/00

(904) 283-2561

Date

Daytime Phone #

CR2E034 (5/00)

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90111 045 ***150.00



DO NOT WRITE IN THIS SPACE

Attachment doc #
P97000082637
B0104930

T. THIRUCHELVAM, M.D.
425 N. PENINSULA DR.
SUITE A
DAYTONA BEACH, FL 32118

FL Dept of State
Division of Corporations
Tallahassee FL 32302

August 28, 2000

Reference Number: **P97000082637**

We would like to inform you that we did not receive your 2000 Uniform Business Report (UBR) until July 2000. Also that we have now included **\$150.00** as fee to file the report as per our discussion with your office on 08-24-2000.

Respectfully Yours,

 T. Thiruchelvam M.D.

T. Thiruchelvam M.D.