

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000085811

1. Entity Name

LALITHA JACOB, M.D., INC.

**FILED**  
**Jan 19, 2000 8:00 am**  
**Secretary of State**

01-19-2000 90139 026 \*\*\*150.00

702425



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
49TH ST N  
S-207  
ST. PETERSBURG FL 33709

Mailing Address  
5800 49TH ST N  
S-207  
ST. PETERSBURG FL 33709-2146  
US

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **59-3473015**  
Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

JACOB, M.D. L  
5800 49TH ST N  
STE S-207  
ST. PETERSBURG FL 33709

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 \$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

| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP             | Delete                   |
|-------|------------------|----------------|-------------------------|--------------------------|
| PPST  | JACOB, LAUTHA E. | 5800 49TH ST N | ST. PETERSBURG FL 33709 | <input type="checkbox"/> |
| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP             | Delete                   |
| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP             | Delete                   |
| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP             | Delete                   |
| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP             | Delete                   |
| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP             | Delete                   |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME   | STREET ADDRESS  | CITY-ST-ZIP | Change                   | Addition                 |
|-------|--|---|-------------|--------------------------|--------------------------|
| TITLE | NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| TITLE | NAME <td>STREET ADDRESS<td>CITY-ST-ZIP</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></td> | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> | CITY-ST-ZIP | <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: Dr. Lalitha E. Jacob  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1/10/00 Daytime Phone #: 727-528-1888

CR2E034 (9/99)