

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91152 013 ***150.00

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DOCUMENT # P97000108614

1. Entity Name
GARY C. KLEVANOSKY, P.A.



Principal Place of Business
12100 ELSTON STREET
SPRING HILL FL 34609

Mailing Address
12100 ELSTON STREET
SPRING HILL FL 34609



2. Principal Place of Business

3. Mailing Address

3360 Trumpetfish

3360 Trumpetfish

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Spring Hill, FL

Spring Hill, FL

Zip

Country

Zip

Country

34609

Hernando

34609

Hernando

6. Name and Address of Current Registered Agent

4. FEI Number

59-3483990

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES

7. Name and Address of New Registered Agent

KLEVANOSKY, GARY C SR
12100 ELSTON STREET
SPRING HILL FL 34609

Name

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

3360 Trumpetfish

City

Spring Hill

FL

Zip Code

34609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	KLEVANOSKY, GARY C SR	
STREET ADDRESS	12100 ELSTON STREET	
CITY-ST-ZIP	SPRING HILL FL 34609	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 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

4-29-03

Date

352

688-8109

Daytime Phone #

CR2E034 (10/02)