

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000109204

1. Entity Name

LARRY J. GONZALES, P.A.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90015 014 ***150.00

Principal Place of Business

2739 US HIGHWAY 19
SUITE 223
HOLIDAY FL 34691

Mailing Address

2739 US HIGHWAY 19
SUITE 223
HOLIDAY FL 34691

549938

2. Principal Place of Business

2655 McCormick Dr

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

4. FEI Number 59-3485291

Applied For

Not Applicable

Zip

33759

Country

U.S.

Zip

Country

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

GONZALES, LARRY J
2739 US HIGHWAY 19
SUITE 223
HOLIDAY FL 34691

Name

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

2655 McCormick Dr.

City

Clearwater

FL

Zip Code

33759

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS GONZALES, LARRY J
CITY-ST-ZIP 2739 US HIGHWAY 19 STE 223
HOLIDAY FL 34691

TITLE ☐ Change ☐ Addition
NAME 2655 McCormick Dr.
STREET ADDRESS Clearwater, FL 33759
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)