

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008568

1. Entity Name

FITZGERALD OLIVER, DVM, P.A.

**FILED**  
Feb 23, 2001 8:00 am  
Secretary of State

02-13-2001 90045 032 \*\*\*150.00

Principal Place of Business  
4075 PINE RIDGE RD  
#14  
NAPLES FL ~~34107~~ 34119

Mailing Address  
4075 PINE RIDGE RD  
#14  
NAPLES FL ~~34107~~ 34119

2. Principal Place of Business  
4075 Pine Ridge Rd  
Suite, Apt. #, etc.  
Unit 14

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
NAPLES FL

City & State  
NAPLES FL

Zip  
34119

Country  
U.S.A.

4. FEI Number 65-0815111

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
FITZGERALD, OLIVER  
4075 PINE RIDGE RD  
#14  
NAPLES FL ~~34107~~ 34119

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 \_\_\_\_\_ (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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVER, FITZGERALD		NAME		
STREET ADDRESS	4075 PINE RIDGE RD., #14		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL <del>34107</del> 34119		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: *Fitzgerald Oliver* 2/8/01 941-352-3369

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)