

DOCUMENT # P98000017232

DR. SEAN CLAFFIE AND ASSOCIATES, O.D., P.A.

2201 B EAST FOWLER AVE
SUITE B
TAMPA FL 33612

2701 E. FLETCHER AVE

PO Box 47166

Suite, Apt. #, etc.

TAMPA, FL

TAMPA, FL

33612

44-38861-1000

33647

● 09年12月28日(星期一)

CLAFFIE, SEAN
10010 COLONNADE DRIVE
TAMPA FL 33647

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

FL

Zip Code

SEAN CLAFFIE PRESIDENT

3-21.00

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

\$5.00 May Be
Added to Fees

TITLE	PSD	<input type="checkbox"/> Delete
NAME	CLAFFIE, SEAN	
STREET ADDRESS	10010 COLONNADE DRIVE	
CITY - ST - ZIP	TAMPA FL 33647	

TITLE	VT	<input type="checkbox"/> Delete
NAME	CLAFFIE,	
STREET ADDRESS	12311 HIDDENBROOK DR	
CITY-ST-ZIP	TAMPA FL 33624	

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST- ZIP		

TITLE	VTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLAFFIE, KATE		
STREET ADDRESS			
CITY-ST-ZIP			

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

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

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

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:

~~SEAN CLAFFIE~~ PRESIDENT

3-27-00

Date _____

813 979-9710

Daytime Phone #