

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State

04-22-2000 90127 008 ***150.00

DOCUMENT # P98000017232

1. Entity Name

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

Principal Place of Business

Mailing Address

**2201 B EAST FOWLER AVE.
 SUITE B
 TAMPA FL 33612**

**10010 COLONNADE DRIVE
 TAMPA FL 33647-1863**

2. Principal Place of Business

2701 E. FLETCHER AVE

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 47166

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

4. FEI Number

59-3496850

Applied For
 Not Applicable

Zip

33612

Country

UNITED STATES OF AMERICA

Zip

33647

Country

UNITED STATES OF AMERICA

5. Certificate of Status Desired

**\$8.75 Additional
 Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CLAFFIE, SEAN
 10010 COLONNADE DRIVE
 TAMPA FL 33647**

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

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

SEAN CLAFFIE PRESIDENT

3-27-00

(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 Delete
 NAME **PSD CLAFFIE, SEAN**
 STREET ADDRESS **10010 COLONNADE DRIVE**
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE Delete
 NAME **VT CLAFFIE,**
 STREET ADDRESS **12311 HIDDENBROOK DR**
 CITY-ST-ZIP **TAMPA FL 33624**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME **VTD CLAFFIE, KATE**
 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
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00

Date

813 979-9710

Daytime Phone #