

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 27, 2001 8:00 am  
Secretary of State

04-27-2001 90261 035 \*\*\*150.00

DOCUMENT # P98000024030

1. Entity Name

CHEQUITA HILVERSUM O.D., P.A.

Principal Place of Business

555-A BECKRICH RD  
PMB 146  
PANAMA CITY BEACH FL 32407  
US

Mailing Address

555-A BECKRICH RD  
PMB 146  
PANAMA CITY BEACH FL 32407  
US

2. Principal Place of Business

11208 Hutchison Beach Blvd

3. Mailing Address

11208 Hutchison Beach Blvd

Suite, Apt. #, etc.

PMB 146

Suite, Apt. #, etc.

PMB 146

City & State

PANAMA CITY BEACH FL

City & State

PANAMA CITY BEACH FL

Zip

32407

Country

USA

Zip

32407

Country

USA

4. FEI Number

59-3590493

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SLOAN, TIMOTHY J  
427 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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

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

TITLE	D	<input type="checkbox"/> Delete
NAME	HILVERSUM, CHEQUITA OD	
STREET ADDRESS	555-A BECKRICH RD, PMB 146	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

Chequita Hilversum

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/01

Date

Daytime Phone #

CR2E034 (10/00)