

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

06-02-2002 90904 016 ***150.00

DOCUMENT # P98000024030

1. Entity Name

CHEQUITA HILVERSUM O.D., P.A.

Principal Place of Business

**11208 HUTCHISON BEACH BLVD
PMB 146
PANAMA CITY BEACH FL 32407
US**

Mailing Address

**11208 HUTCHISON BEACH BLVD
PMB 146
PANAMA CITY BEACH FL 32407
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

**SLOAN, TIMOTHY J
427 MCKENZIE AVENUE
PANAMA CITY FL 32401**

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, 2002 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 **HILVERSUM, CHEQUITA OD**
CITY-ST-ZIP **555-A BECKRICH RD, PMB 146
PANAMA CITY BEACH FL 32401**

TITLE ☐ Change ☐ Addition
NAME **D.**
STREET ADDRESS **HILVERSUM, CHEQUITA OD**
CITY-ST-ZIP **11208 HUTCHISON BEACH BLVD, PMB 146
PANAMA CITY BCH, FL 32407, USA**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 O.D., P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/02 (850) 234-7090
Date Daytime Phone

CR2E034 (9/01)