
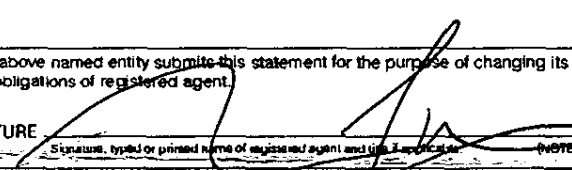
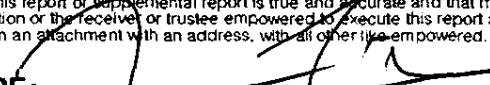


FILED
May 06, 2003 8:00 am
Secretary of State

05-06-2003 90039 003 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P98000052007			
1. Entity Name WILLIAM A. CAPO M.D., P.A.			
Principal Place of Business 6101 WEBB ROAD SUITE #202 TAMPA, FL 33615 US		Mailing Address 6101 WEBB ROAD SUITE #106 TAMPA, FL 33615 US	
2. Principal Place of Business 6101 Webb Rd.		3. Mailing Address 6101 Webb Rd.	
Suite, Apt. #, etc. Suite 106		Suite, Apt. #, etc. Suite 106	
City & State Tampa, FL		City & State Tampa, FL	
Zip 33615	Country	Zip 33615	Country
4. FEI Number 59-3515406		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LANDOLFI, JOHN C CPA 3710 DE LEON STREET TAMPA, FL 33609		7. Name and Address of New Registered Agent Name John Landolfi C CPA Street Address (P.O. Box Number is Not Acceptable) 3710 DeLeon St. City Tampa FL Zip Code 33609	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE  Signature, typed or printed name of registered agent and title (Applicable)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAPO, WILLIAM A 6101 WEBB ROAD, STE 106 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CAPO, WILLIAM A 6101 WEBB ROAD, STE 106 TAMPA, FL 33615 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 			

90130998



☐ CHECK HERE IF MAKING CHANGES

CR2E034 (10/02)