

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90003 004 ***150.00

DOCUMENT # P98000100811

1. Entity Name

DAVID ROBERT ELLIS, P.A.

Principal Place of Business

**275 N CLEARWATER-LARGO RD
 LARGO FL 33770**

Mailing Address

**275 N CLEARWATER-LARGO RD
 LARGO FL 33770**

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

59-3547401

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

**ELLIS, DAVID R
 275 N CLEARWATER-LARGO RD
 LARGO FL 33770**

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **ELLIS, DAVID R**
 CITY-ST-ZIP **1862 MONTCLAIR RD**
CLEARWATER FL 33763

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
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 CITY-ST-ZIP

TITLE ☐ Delete
 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:

David R. Ellis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/01

Date

(127) 518-6544

Daytime Phone #

CR2E034 (5/01)

pd. 4/21/01 Attachment
ck# 1245 BOUL 1998

1. Entity Name
DAVID ROBERT ELLIS, P.A.

Mailing Address
275 N CLEARWATER-LARGO RD
LARGO FL 33770

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country

Applied For	
-------------	--

Not Applicable

☐ **\$8.75** Additional
Fee Required

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 reinstalling)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ELLIS, DAVID R	
STREET ADDRESS	1862 MONTCLAIR RD	
CITY - ST - ZIP	CLEARWATER FL 33763	

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

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

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

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

3. 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:

Don R. Ellis / David R. Ellis, Pres. 4/2/01 (727) 518-6544

DAVID ROBERT ELLIS, P.A.

Attorney & Counselor At Law

275 North Clearwater-Largo Road
Largo, Florida 33770

Tel. (727) 518-6544

Fax (727) 518-9743

Attachment
DHP98000100811
80061998

August 3, 2001

Attn: Mr. Mark Corbett
Department of State
P.O. Box 6327
Tallahassee, FL 32314


RE: David Robert Ellis, P.A.
2001 Uniform Business Report

Dear Mr. Corbett:

This is in follow up to our telephone conversation of Friday, August 3, 2001 regarding the 2001 Uniform Business Report of David Robert Ellis, P.A. As we discussed, on April 2, 2001 I mailed the annual report, and check number 1245 in the amount of \$150.00, in the envelope provided with the Report. This correspondence was never returned by the postal service and my bank has confirmed that the check was never cashed. Per your request, I have enclosed a copy of the front side of the Report that I mailed April 2, 2001. I did not make a copy of the check prior to mailing. Per your instructions, I have also enclosed the second notice Report and another check in the amount of \$150.00.

Thank you for assistance in this matter. Please contact me should you have any questions.

Very truly yours,
DAVID ROBERT ELLIS, P.A.



David R. Ellis

Encs.