

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101297

1. Entity Name

LIEN & LU, M.D.'S, P.A.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90007 008 ***550.00

Principal Place of Business

Mailing Address

101 CORTEZ BOULEVARD
BROOKSVILLE FL 34613

101 CORTEZ BOULEVARD
BROOKSVILLE FL 34613

2. Principal Place of Business

3. Mailing Address

10133 Cortez Blvd

10133 Cortez Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

Zip 34613 Country USA

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Brooksville, FL

Zip 34613 Country USA

4. FEI Number

59-3545113

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

ST. ARNOLD, JACK R
1370 PINEHURST ROAD
DUNEDIN FL 34698

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	LU, MELVIN C	
STREET ADDRESS	6020 SEASIDE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34613	
TITLE	STD	<input type="checkbox"/> Delete
NAME	LIEN, MARY H	
STREET ADDRESS	6020 SEASIDE DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34613	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Melvin C. Lu
Melvin C. Lu

7/29/2000

352-596-4401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)