

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90077 006 ***550.00

DOCUMENT # P99000004945

1. Entity Name

MEDICAL LEGAL SPECIALTY ASSOCIATES, INC.

✓

Principal Place of Business

403 HWY. A1A, UNIT 232
SATELLITE BEACH FL 32937

Mailing Address

403 HWY. A1A, UNIT 232
SATELLITE BEACH FL 32937

2. Principal Place of Business

1791 Hwy A1A
Suite, Apt. #, etc.
1306

3. Mailing Address

P.O. Box 372627
Suite, Apt. #, etc.

City & State

Indian Harbour Bch FL
Zip Country
32937 USA

City & State

Satellite Beach FL
Zip Country
32937 USA

4. FEI Number

59-3550811

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

INGUIGGATO, SHARON A
403 HWY. A1A, UNIT 232
SATELLITE BEACH FL 32937

7. Name and Address of New Registered Agent

Name

Inguiggato Sharon A

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

1791 Hwy A1A

1306

City

Indian Harbour Beach FL

Zip Code

32937

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

Sharon A. Inguiggato

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-5-00

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 13, 2000 Min. 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

TITLE	PSD	<input type="checkbox"/> Delete
NAME	INGUIGGATO, SHARON A	
STREET ADDRESS	403 HWY. A1A, UNIT 232	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	1791 Hwy A1A #1306	
STREET ADDRESS	Indian Harbour Bch, FL	
CITY-ST-ZIP	32937	
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		
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:

Sharon A. Inguiggato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-5-00

Date

321-777-6332

Daytime Phone #

CR2E034 (5/00)