

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90009 005 ***150.00

DOCUMENT # P99000029454

1. Entity Name
GULF COAST SURGICAL ASSISTANTS, INC.

Principal Place of Business

**22427 SOUTHSORE DRIVE
 LAND O'LAKES FL 34639**

Mailing Address

**P.O. BOX 2087
 LAND O'LAKES FL 34639**

2. Principal Place of Business

23110 St. Rd. 54

3. Mailing Address

23110 St. Rd. 54

Suite, Apt. #, etc.

157

Suite, Apt. #, etc.

157

City & State

Lutz, FL

City & State

Lutz, FL

Zip

Country

33549

Zip

33549

Country

U

4. FEI Number

65-0912916

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

**JONES, JEFFREY A
 22477 SOUTHSORE DRIVE
 LAND O LAKES FL 34639**

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, 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 **PV** ☐ Delete
 NAME **JONES, JEFFREY A**
 STREET ADDRESS **22427 SOUTHSORE DR.**
 CITY-ST-ZIP **LAND O' LAKES FL 34639**

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

TITLE **ST** ☐ Delete
 NAME **JONES, SANDRA V**
 STREET ADDRESS **22427 SOUTHSORE DR.**
 CITY-ST-ZIP **LAND O' LAKES FL 34639**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

Jeffrey A Jones
SECRETARY REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/02

Date

813-996-4689

Daytime Phone #

CR2E034 (9/01)