

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P990000051097

1. Entity Name

TOD FUSIA, M.D., P.A.

**FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90004 007 \*\*\*150.00

Principal Place of Business

Mailing Address

~~600 SOUTH BLVD~~  
~~TAMPA FL 33606~~

505 SOUTH BLVD  
TAMPA FL 33607-0316

2. Principal Place of Business

3. Mailing Address

16202 West Course Dr. Suite, Apt. #, etc.

16202 West Course Dr. Suite, Apt. #, etc.

City & State

City & State

Tampa FL

Tampa FL

Zip 33624

Country USA

Zip 33624

Country USA

4. FEI Number

59-3579574

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

7. Name and Address of New Registered Agent

FINANCIAL FOUNDATIONS, INC.  
3150 SANDY RIDGE DRIVE  
CLEARWATER FL 33761

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 P ☐ Delete  
NAME FUSIA, TOD J MD  
STREET ADDRESS 505 SOUTH BLVD  
CITY-ST-ZIP TAMPA FL 33606

TITLE ☒ Change ☐ Addition  
NAME 16202 West Course Dr.  
STREET ADDRESS Tampa, FL 33624  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME VP  
STREET ADDRESS Travis Bond  
CITY-ST-ZIP 16202 West Course Dr.  
Tampa, FL 33624

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)