

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051280

1. Entity Name

M. CHRISTINA MEMOLI, O.D., P.A.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90038 039 ***150.00

Principal Place of Business

Mailing Address

~~4131 SOUTHSIDE BOULEVARD~~
~~SUITE 201~~
~~JACKSONVILLE FL 32216~~

~~4131 SOUTHSIDE BOULEVARD~~
~~SUITE 201~~
~~JACKSONVILLE FL 32216~~

451 E. Altamonte Dr. #301

Altamonte Springs FL 32701

2. Principal Place of Business

~~820 Camargo Way~~

3. Mailing Address

820 Camargo Way

Suite, Apt. #, etc.

#212

Suite, Apt. #, etc.

#212

City & State

Altamonte Springs FL

City & State

Altamonte Springs FL

Zip

~~32714~~

Country

USA

Zip

32714

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3582983

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

MEMOLI, M. CHRISTINA

~~4131 SOUTHSIDE BOULEVARD~~

~~SUITE 201~~

~~JACKSONVILLE FL 32216~~

Name

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

820 Camargo Way #212

City

Altamonte Springs FL

Zip Code

32714

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

(X)

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

(NOTE: Registered Agent signature required when reinstating)

DATE

(X)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
MEMOLI, M. CHRISTINA O.D.
~~4131 SOUTHSIDE BOULEVARD, SUITE 201~~
~~JACKSONVILLE FL 32216~~

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
820 Camargo Way #212
Altamonte Springs, FL 32714

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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☐ Delete

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

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

(X)

M. Christina Memoli

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(X)

4/26/01

Date

(X)

407 261 0599

Daytime Phone #

CR2E034 (10/00)