2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2001 8:00 am
Secretary of State
05-18-2001 91578 031 ***150.00

DOCUMENT # P99000053422

1. Entity Name
JUAN A. ESCOBALES, M.D., P.A.

Principal Place of Business	Mailing Address
2815 FIRST AVE N ST PETERSBURG FL 33713 US	2815 FIRST AVE N ST PETERSBURG FL 33713 US

A00069870

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0926505 ☐ 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
ESCOBALES, JUAN A 2815 FIRST AVE N ST PETERSBURG FL 33713	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, 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	OP ESCOBALES, JUAN A MD PA 2815 1ST AVE N SAINT PETERSBURG FL 33713	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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: ____________________ 5/14/01 (727) 321.9614
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

HURD
HAWKINS
MEYERS
RADOSEVICH
STEVENSON
& DOBBS. P.A.

A CPA Firm

801 West Bay Drive, Suite 200
Largo, FL 33770-3267

A Hechmans
A0069870
P99000053422

May 14, 2001

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Juan A. Escobales, M.D., P.A. Document #P99000053422

Dear Sirs:

Our client, referenced above, sent to our office his UBR for 2001. This report was sent along with many other papers involving tax return preparation. The UBR packet was inadvertently placed in his corporate file, rather than returned to him with instructions for completion. As soon as this was discovered, we delivered the form to his office for signature and mailing.

Due to the above circumstances, we ask that you please waive the penalty for late filing. As you can see from your records, this report was filed on time last year – he is not chronically late.

Thank you for your consideration in this matter.

Sincerely,

Robin L Woodbury

Robin L. Woodbury

Telephone (727) 501-1111 ◇ Fax (727) 501-1112 ◇ E-mail: hmrscpas@gte.net