

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000056148

1. Entity Name

GREGORY L. DOKKA, D.C., P.A.

**FILED**  
**May 16, 2000 8:00 am**  
**Secretary of State**

05-16-2000 90171 030 \*\*\*150.00

Principal Place of Business

11219 MOONVALLEY WAY  
TAMPA FL 33635

Mailing Address

11219 MOONVALLEY WAY  
TAMPA FL 33635-1552

2. Principal Place of Business

1275 Cleveland Street

Suite, Apt. #, etc.

3. Mailing Address

1275 Cleveland Street

Suite, Apt. #, etc.

City & State

Clearwater, Florida

City & State

Clearwater, Florida

Zip

33755

Country

Pinellas

Zip

33755

Country

Pinellas

4. FEI Number

59-3589775

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DOKKA, GREGORY L  
11219 MOONVALLEY WAY  
TAMPA FL 33635

7. Name and Address of New Registered Agent

Name

Gregory L. Dokka

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

1275 Cleveland Street

City

Clearwater

FL

Zip Code

33755

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

*Gregory L. Dokka*  
Signature, typed or printed name of registered agent and title if applicable.

Gregory L. Dokka

(NOTE: Registered Agent signature required when reinstating)

4/28/00  
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 \$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

TITLE DP ☐ Delete  
NAME DOKKA, GREGORY L  
STREET ADDRESS 11219 MOONVALLEY WAY  
CITY-ST-ZIP TAMPA FL 33635

TITLE SDVT ☐ Delete  
NAME DOKKA, ROBIN S  
STREET ADDRESS 11219 MOONVALLEY WAY  
CITY-ST-ZIP TAMPA FL 33635

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

TITLE ☐ Change ☐ Addition  
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:

*Gregory L. Dokka*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gregory L. Dokka 4/28/00

Date

Daytime Phone #

727-447-4255

CR2E034 (9/99)