

2000 UNIFORM BUSINESS REPORT (UBR)

0

DOCUMENT # **PA9000077743**

1. Entity Name **Anthony Aboud, D.O.P.A.**

FILED
CLERK OF STATE
RECORDS OF CORPORATION
00 NOV -1 AM 11:59

Principal Place of Business **501 S. Lincoln Ave. Clearwater, FL. 33756**

Mailing Address **2131 Willow Lauren Lane Windermere, FL. 34788**

2. Principal Place of Business **501 S. Lincoln Ave.**

3. Mailing Address **2131 Willow Lauren Lane**

Suite, Apt. #, etc.

City & State **Clearwater, FL.**

City & State **Windermere FL.**

Zip **33756** Country **Pinellas**

Zip **34788** Country **Orange**

4. FEI Number **59-3596755**

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

Name **Pat Connelly**

Street Address (P.O. Box Number is Not Acceptable) **501 S. Lincoln Ave**

City **Clearwater** FL Zip Code **33756**

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 **Pat Connelly** **Pat Connelly Secretary** **10/20/00**

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: **Anthony Aboud** **Anthony Aboud, President** **10/20/00** **727-446-6760**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

2

Anthony G. Aboud, D.O, P.A.
2131 Willow Lauren Lane
Windemere, FL 34786

October 15, 2000

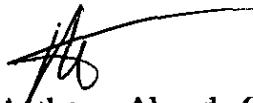
Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

This is to advise that our business never received a 2000 Uniform Business Report because of a change of business address. Our new address is 2131 Willow Lauren Lane, Windemere, FL 34786.

I have enclosed a check for \$150.00 as filing fees.

Sincerely,



Anthony Aboud, CEO

AA/kk
10/15/2000