

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000083596

1. Entity Name

ST. PETERSBURG BIRTH SERVICES, INC.

FILED
Feb 10, 2000 8:00 am
Secretary of State

02-10-2000 90050 019 ***150.00

Principal Place of Business

Mailing Address

234 72N ST N
ST PETERSBURG FL 33710

234 72N ST N
ST PETERSBURG FL 33710

2. Principal Place of Business

3. Mailing Address

2805 52 ST. S.

2931 56 ST. S.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GULFPORT FL

City & State

GULFPORT FL

4. FEI Number

59-3599173

Applied For

Not Applicable

Zip

33707

Country

USA

Zip

33707

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DORAN, SHAWNA
234 72N ST N
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
DONNA L. PALMER

Street Address (P.O. Box Number is Not Acceptable)
2931 56 ST. S.

City
GULFPORT

FL

Zip Code
33707

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
DORAN, SHAWNA
234 72ND ST N
ST PETERSBURG FL 33710 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PALMER, DONNA L
2909 GULF TO BAY E-104
CLEARWATER FL 33759 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PRES
PALMER, DONNA L.
2931 56 ST. S.
GULFPORT FL 33707 ☒ Change ☐ Addition

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

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DONNA L. PALMER

PRES.

Date

Daytime Phone #