

2000 UNIFORM BUSINESS REPORT (UBR)

3/15

FILED

May 09, 2000 8:00 am
Secretary of State

03-15-2000 90083 030 ***150.00

DOCUMENT # P99000109232

1. Entity Name

PAUL K. SOUTHARD, M.D., P.A.

Principal Place of Business

Mailing Address

**4050 TAMPA ROAD
SUITE A
OLDSMAR FL 34677**

**4050 TAMPA ROAD
SUITE A
OLDSMAR FL 34677**

2. Principal Place of Business

2467 ENTERPRISE ROAD

3. Mailing Address

2467 ENTERPRISE ROAD

Suite, Apt. #, etc.

SUITE F

Suite, Apt. #, etc.

SUITE F

City & State

CLEARWATER FLORIDA

City & State

CLEARWATER FLORIDA

Zip

33763

Country

USA

Zip

33763

Country

USA

4. FEI Number

59-3618922

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH STREET #200
MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name

KEVIN J. STEVENSON, CPA

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

CBIZ/HMR&S BUSINESS SERVICES, INC.

801 WEST BAY DRIVE SUITE 200

City

LARGO

FL

Zip Code
33770

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

Kevin J. Stevenson, CPA

KEVIN J. STEVENSON, CPA

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 **D**
NAME **SOUTHARD, PAUL K MD**
STREET ADDRESS **4050 TAMPA ROAD**
CITY-ST-ZIP **OLDSMAR FL 34677**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**2467 ENTERPRISE ROAD SUITE F
CLEARWATER, FL 33763**

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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

PAUL K. SOUTHARD, M.D.

Date

Daytime Phone #

5/3/00

(727) 669-4505