

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V01694

1. Entity Name

LILIANE KOVACS LESMES, M.D., FAAP, P.A.

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90206 009 ***150.00

Principal Place of Business

500 W. BURLEIGH BLVD.
TAVARES FL 32778
US

Mailing Address

500 W. BURLEIGH BLVD.
TAVARES FL 32778-2400
US

2. Principal Place of Business

1920 Edgewater Dr

Suite, Apt. #, etc.

3. Mailing Address

1920 Edgewater Dr

Suite, Apt. #, etc.

City & State

Mt Dora, FL

City & State

Mt Dora, FL

4. FEI Number

59-3107885

Applied For

Not Applicable

Zip

32757

Country

Lake

Zip

32757

Country

Lake

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

LESMES, LILIANE KOVACS
500 W BURLEIGH BLVD
TAVARES FL 32778

Name

Lesmes, Liliane Kovacs

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

1920 Edgewater Dr

City

Mt Dora

FL

Zip Code

32757

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 Liliane Kovacs Lesmes

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME P
STREET ADDRESS LESMES, LILIANE K
CITY-ST-ZIP 1879 NIGHTINGALE LANE, SUITE A-1
TAVARES FL

TITLE ☒ Change ☐ Addition
NAME Lesmes, Liliane K
STREET ADDRESS 1920 Edgewater Dr
CITY-ST-ZIP Mt Dora, FL 32757

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

902342



DO NOT WRITE IN THIS SPACE

352-735-1247
1/14/00