

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 24, 2000 8:00 am
Secretary of State

08-24-2000 90027 006 ***150.00

DOCUMENT # F33835

1. Entity Name
AARON M. SHEVLIN, D.P.M., P.A.

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Principal Place of Business 1696 SE HILLMOOR DR. STE A C/O AARON SHEVLIN PORT ST. LUCIE FL 34952 US	Mailing Address 1696 SE HILLMOOR DR. STE A C/O AARON SHEVLIN PORT ST. LUCIE FL 34952 US
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00104542



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-2088160	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired		<input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHEVLIN, AARON
1696 S.E. HILLMOOR DR.
SUITE A
PORT ST LUCIE FL 33452

7. Name and Address of New Registered Agent

Name _____

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

City _____ **FL** Zip Code _____

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 _____ (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.

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P SHEVLIN, AARON M. 1696 SE HILLMOOR DRIVE, SUITE A PORT STS. LUCIE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** _____ **Signed** _____ **8/24/00** _____ **561-335-1200** _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

Attachment Doc # F33835
80104842

DIBARTOLOMEO, McBEE & ASSOCIATES, P.A.
CERTIFIED PUBLIC ACCOUNTANTS

August 16, 2000

Florida Department of Revenue
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

RE: Aaron M. Shevlin, D.P.M., P.A.
FEI 59-2088160

To Whom It May Concern:

The above taxpayer is in receipt of the "Second Notice" 2000 Uniform Business Report. The taxpayer did not receive the first notice. The taxpayer has always filed all required forms and reports on time. The taxpayer has implemented procedures to insure the timely filing in the future. We are enclosing a completed 2000 UBR with a check for \$150. We respectfully request abatement of the \$400 late fee due to reasonable cause. Thank you for your cooperation in this matter.

Very Truly Yours,


Gerald A. DiBartolomeo, Jr., CPA
Principal

GAD/le
cc: Aaron Shevlin, D.P.M., P.A.