

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90178 001 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 365061

1. Entity Name

DEPAULIS THERAPY EQUIPMENT CO.

DBA Relax in comfort

Principal Place of Business

Mailing Address

1844 W FAIRBANKS AVE
WINTER PARK FL 32789

1844 W FAIRBANKS AVE
WINTER PARK FLA 32789-4502

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 59-1301730

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

DEPAULIS, DON
1844 W. FAIRBANKS AVE.
WINTER PARK FL 32789

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

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	D	<input type="checkbox"/> Delete
NAME	DEPAULIS, LUCY	
STREET ADDRESS	2211 POINSETTIA DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	DC	<input type="checkbox"/> Delete
NAME	DEPAULIS, ANTHONY	
STREET ADDRESS	2211 POINSETTIA DR	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE	STPD	<input type="checkbox"/> Delete
NAME	DEPAULIS, DONALD	
STREET ADDRESS	14372 STAMFORD CIRCLE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	DV	<input type="checkbox"/> Delete
NAME	DEPAULIS, JOSEPH	
STREET ADDRESS	2220 POINSETTIA CR.	
CITY-ST-ZIP	LONGWOOD FL 32779	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-6-00 4076452090

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CR2E034 (9/99)