2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # 496795** ARTHUR W. YOUNT, M.D., P.A. 04-26-2001 90081 028 ***150.00 Principal Place of Business Mailing Address 0003/363 NORTH PALM BEACH FL 33408-4909 NORTH PALM BEACH FL 33408-4909 2. Principal Place of Business 3. Mailing Address 866 Lakeside Dr 8<u>66 Lake</u>side Dr Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-1662436 North PalmBeach North Palm Beach Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33408 PAlm Beach Fee Required 33408 Palm Beach 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YOUNT, ARTHUR W. Street Address (P.O. Box Number is Not Acceptable) ASTITUTE OF THE 866 Lakeside N PAlm Bch FL NORTH PALM BEACH FL 33408 33408 City 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PDS TITLE ☐ Delete CR2E034 (10/00) TITLE YOUNT, ARTHUR W. NAME NAME STREET ADDRESS 866 LaKESIDE **STREET ADDRESS** CITY-ST-7IP NORTH PALM BEACH FL CITY-ST-/IP N Palm Bch F TITLE 33408 Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.



Employer Account Change Form

orm 60037323 496 195 Allack

UCS-3 R. 03/01

Employer name: U.C. account number: Complete only the items showing a change in your business. Legal name: ____ Trade name: Mailing address: 866 Lakeside Drive Location address: ___ (Attach a list for additional location addresses) Telephone number: Federal ID number: Fax number: Corporation: Corporate name change Change of officers Will the same business activity continue (attach supporting documentation) (attach list of officers with Social Security under the new corporate name? numbers, home addresses and telephone 🔲 Yes 🔲 No numbers) If No, please indicate new business Leasing employees: Name of leasing company: U.C. account number of leasing company: Date leasing began: **Business closed:** Date of last payroll: Date business closed: If you incorporated or purchased a business, you must complete an Employer Registration Report (Form UCS-1) and a Report to Determine Succession (Form UCS-1S). Note: The Report to Determine Succession for partial acquisitions must be postmarked within 90 days of the acquisition date to be considered timely. Signature Telephone number (include area code) Sign, date, and mail this Employer Account Change Form to: FLORIDA DEPARTMENT OF REVENUE PO BOX 6510

For Information and Forms

Information and forms are available on our Internet site at www.myflorida.com/dor

Need Assistance?

To speak with a Department of Revenue representative, cali Taxpayer Services, Monday through Friday, 8 a.m. to 7 p.m., ET, at 1-800-482-8293.

Hearing or speech impaired persons may call the TDD line at 1-800-367-8331 or 850-922-1115.

For a written response to your questions, write: TAX INFORMATION SERVICES FLORIDA DEPARTMENT OF REVENUE 1379 BLOUNTSTOWN HWY TALLAHASSEE FL 32304-2716

Need Forms?

To receive forms by mail:

 Order multiple copies of forms from our Internet site at www.myflorida.com/dor/forms/order

TALLAHASSEE FL 32314-6510

- Fax your form request to the DOR Distribution Center at 850-922-2208
- Call the DOR Distribution Center at 850-488-8422

Fax on Demand:

Call 850-922-3676 from your fax machine telephone to receive a fax copy of a form.