

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 07, 2002 8:00 am**  
**Secretary of State**

02-07-2002 90013 047 \*\*\*150.00

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**DOCUMENT # 603099**

1. Entity Name  
**AMES & BENSON, M.D., P.A.**

Principal Place of Business Mailing Address  
**777 37TH SUITE A-101 1255 LITTLE HARBOUR LN**  
**VERO BCH FL 32960 VERO BCH FL 32963**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **787-37th Street** 3. Mailing Address

Suite, Apt. #, etc. **E160** Suite, Apt. #, etc.

City & State **Vero Beach, FL** City & State

4. FEI Number **59-1360102** Applied For  
 Not Applicable

Zip **32960** Country **USA** Zip Country  
 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

**AMES, DONALD L**  
**1255 LITTLE HARBOUR WAY LANE**  
**VERO BEACH FL 32963**

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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>AMES, DONALD L</b> <input type="checkbox"/> Delete <b>777 37TH ST, STE A-101</b> <b>787-37th St, Ste E160</b> <b>VERO BCH, FL 32960</b>	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Donald L Ames* **SIGNATURE REQUIRED** **Ames** **1/9/02 561-234-8286**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)