

2002 UNIFORM BUSINESS REPORT (UBR)

010745 AV

DOCUMENT # 693552

1. Entity Name
ARLENE M. PALAZZOLO, M.D., P.A.

FILED

02 OCT 14 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: 2880 BORINQUEN DR
KISSIMMEE FL 34744

Mailing Address: 2880 BORINQUEN DR
KISSIMMEE FL 34744



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2125529

Applied For
Not Applicable

Zip Country 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

PALAZZOLO, ARLENE M
2880 BORINQUEN DR
KISSIMMEE FL 34744

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME DPV: PALAZZOLO, ARLENE M
STREET ADDRESS 2880 BORINQUEN DR.
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 400008402864
CITY-ST-ZIP 10/16/02--01049--030 **550.00

TITLE NAME TS PALAZZOLO, ARLENE M
STREET ADDRESS 2880 BORINQUEN DR.
CITY-ST-ZIP KISSIMMEE FL ☐ Delete

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/30/02

Date

Daytime Phone #

CR2E034 (4/02)