

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747738

1. Entity Name

THE FLORIDA ASSOCIATION OF OCCUPATIONAL LICENSIN

FILED

Feb 09, 2001 8:00 am  
Secretary of State

02-09-2001 90767 012 \*\*\*\*61.25

Principal Place of Business

100 NW 1ST AVE  
DELRAY BCH FL 33444  
US

Mailing Address

100 NW 1ST AVE  
DELRAY BCH FL 33444  
US

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

59-1922100

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

DESORMEAU, JOYCE  
121 N.E. 16TH STREET  
DELRAY BEACH FL 33444

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

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME PD  
STREET ADDRESS BARNES, ANN  
CITY-ST-ZIP 524 NE 21ST COURT  
WILTON MANORS FL

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

TITLE  
NAME D  
STREET ADDRESS FICK, DEBBIE  
CITY-ST-ZIP 5985- 10TH AVE N.  
GREENACRES CITY FL 33463

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

TITLE  
NAME D  
STREET ADDRESS RAINWATER, JOHN  
CITY-ST-ZIP PO BOX 1835, 1410 MARKET ST., STE C1-32312  
TALLAHASSEE FL 32302-1835

TITLE  
NAME D  
STREET ADDRESS Mary Pinkerman  
CITY-ST-ZIP 4585 Charlotte St.  
Haverhill, FL 33417

TITLE  
NAME SD  
STREET ADDRESS DESORMEAU, JOYCE A.  
CITY-ST-ZIP 100 N.W. 1ST AVE.  
DELRAY FL

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

TITLE  
NAME TD  
STREET ADDRESS BARBARA BUKOVAN  
CITY-ST-ZIP 225 1ST AVE SW  
LARGO FL 33770

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Change ☐ Addition  
P.O. Box 296  
LARGO, FL 33779-0296  
201 Highland Ave  
LARGO, FL 33770

TITLE  
NAME VPD  
STREET ADDRESS CASTELLANO, ADRIANA  
CITY-ST-ZIP PO BOX 2200, 2105 N. NEBRASKA - 33602  
TAMPA FL 33601-2200

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*JOYCE DESORMEAU*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 (561) 243-7205

Date

Daytime Phone #

CR2E037 (10/00)