

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J47381

1. Entity Name

JOYCE GILBERT M.S., P.A.

FILED

Apr 20, 2001 8:00 am
Secretary of State

04-20-2001 90182 038 ***150.00

Principal Place of Business

3511 W COMM. BLVD
#304
FT LAUDERDALE FL 33309
US

Mailing Address

3511 W. COMM. BLVD.
#304
FT. LAUD. FL 33309
US

2. Principal Place of Business

101 SE 15TH AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE FL

City & State

Zip

Country

Zip

Country

4. FEI Number 59-2755920

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

GILBERT, JOYCE

3511 W. COMM. BLVD.

SUITE 304

FORT LAUDERDALE FL 33309

Name

Joyce Gilbert

Street Address (P.O. Box Number is Not Acceptable)

101 SE 15TH AVE

City

FT. LAUDERDALE 33301 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, 2001 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 P
NAME GILBERT, JOYCE
STREET ADDRESS 1109 CORDUNA RD
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PRES
NAME JOYCE GILBERT
STREET ADDRESS 101 SE 15TH AVE
CITY-ST-ZIP FT. LAUDERDALE, FL 33301

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)