

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # J52000

1. Entity Name

DOREEN M. GOLDBRONN, P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90081 013 ***150.00

Principal Place of Business 2623 MCCORMICK DR STE 105 CLEARWATER FL 33759 US	Mailing Address 2623 MCCORMICK DR STE 105 CLEARWATER FL 33759-1046 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 25400 US 19 NORTH Suite, Apt. #, etc. #179 City & State CLEARWATER, FL Zip 33763 Country PINELLAS	3. Mailing Address 25400 U.S. 19 NORTH Suite, Apt. #, etc. #179 City & State CLEARWATER, FL Zip 33763 Country PINELLAS
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4. FEI Number 59-2767989	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent GOLDBRONN, DOREEN M. 2623 MCCORMICK DR STE 105 CLEARWATER FL 33759	7. Name and Address of New Registered Agent Name DOREEN M. GOLDBRONN Street Address (P.O. Box Number is Not Acceptable) 25400 US 19 NORTH #179 City CLEARWATER FL Zip Code 33763
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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 DATE 4-20-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBRONN, DOREEN M. 2623 MCCORMICK DR STE 105 CLEARWATER FL 33759 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	GOLDBRONN, DOREEN 25400 U.S. 19 NORTH #179 CLEARWATER, FL 33763 <input checked="" 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
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
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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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

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: DATE 4-20-00 727-669-9563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)