

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92601

1. Entity Name

TOON & BATASKOV, M.D., P.A.

FILED

Jan 23, 2001 8:00 am
Secretary of State

01-23-2001 90031 005 ***150.00

Principal Place of Business

Mailing Address

2623 S SEACREST BLVD
SUITE 216
BOYNTON BEACH FL 33435
US

2623 S SEACREST BLVD
SUITE 216
BOYNTON BEACH FL 33435
US

501450



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

899 Meadows Road
Suite, Apt. #, etc.
#302

899 Meadows Road
Suite, Apt. #, etc.
#302

City & State
Boca Raton, FL

City & State
Boca Raton FL

4. FEI Number 65-0126568

Applied For
Not Applicable

Zip 33486 Country Palm Bch

Zip 33486 Country Palm Bch

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

TOON, PHYLLIS B.
2623 S. SEACREST BLVD #216
BOYNTON BEACH FL 33435

Name TOON, Phyllis B
Street Address (P.O. Box Number is Not Acceptable)
899 Meadows Rd
#302
City Boca Raton FL Zip Code 33486

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 NAME STREET ADDRESS CITY-ST-ZIP	PTD TOON, PHYLLIS B. 17600 WAGON WHEEL DR BOCA RATON FL 33486	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BATASKOV, KARRIE L 2810 HAMPTON CR E. DELRAY BCH FL 33445	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)