

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L06204

1. Entity Name

THE GOLF DOCTORS, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90135 012 ***150.00

| | |
|---|---|
| Principal Place of Business 2137 N COURTENAY PKWY MERRITT ISLAND FL 32953 US | Mailing Address 2137 N COURTENAY PKWY MERRITT ISLAND FL 32953 US |
|---|---|

| | |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | | | |
|--------------|--------------|---------------|------------|----------------------------------|---|
| City & State | City & State | 4. FEI Number | 59-2963213 | Applied For | Not Applicable |
| Zip | Country | Zip | Country | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DELUCIA, RICHARD
2137 N COURTENAY PKWY
MERRITT ISLAND FL 32953

7. Name and Address of New Registered Agent

Name DELUCIA-LEILA
Street Address (P.O. Box Number is Not Acceptable)
1666 WOODLAND DRIVE
City ROCKLEDGE FL 32955

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 Leila Delucia (NOTE: Registered Agent signature required when reinstating) DATE 4-15-01

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 | <u>D</u> <u>JERMAN, PAUL</u> <u>2320 SCOTLAND RD</u> <u>COCOA FL</u> <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 | <u>D</u> <u>DELUCIA, RICHARD</u> <u>1666 WOODLAND DR</u> <u>ROCKLEDGE FL</u> <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <u>D</u> <u>DELUCIA LEILA</u> <u>1666 WOODLAND DRIVE</u> <u>ROCKLEDGE FL 32955</u> <input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Change |
| 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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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: Leila Delucia 4-15-01 321 6322047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)