

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 14, 2000 8:00 am**  
**Secretary of State**

09-14-2000 90005 026 \*\*\*550.00

**DOCUMENT # L31191**

1. Entity Name

NANCY DOMEYER, P.A.

Principal Place of Business

640 E. OCEAN AVE.  
 SUITE 19  
 BOYNTON BCH. FL 33435

Mailing Address

640 E. OCEAN AVE.  
 SUITE 19  
 BOYNTON BCH. FL 33435

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

65-0159394

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

NOWICKI, MARK J.  
 1155 US HWY. ONE  
 SUITE 302  
 JUNO BEACH FL 33408

7. Name and Address of New Registered Agent

Name: RICHARD M. BRANNON

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

42 N. LAKE SHORE DR.

City: HYPOLEXO

FL

Zip Code: 33462

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.

RICHARD M. BRANNON

(NOTE: Registered Agent signature required when reinstating)

7/25/2000

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE: DPS ☐ Delete  
 NAME: DOMEYER, NANCY  
 STREET ADDRESS: 640 E. OCEAN AVE., #19  
 CITY-ST-ZIP: BOYNTON BCH. FL

TITLE: T ☐ Delete  
 NAME: DOMEYER, NANCY  
 STREET ADDRESS: 640 E. OCEAN AVE., #19  
 CITY-ST-ZIP: BOYNTON BCH. FL

TITLE:  ☐ Delete  
 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

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 NAME:   
 STREET ADDRESS:   
 CITY-ST-ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE:  ☐ Change ☐ Addition  
 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

9/9/2000 561  
736-8223  
 Date Daytime Phone #