

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2001 8:00 am
Secretary of State

07-24-2001 90008 002 ***150.00

007903 AV

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
same

3. Mailing Address
same

Suite, Apt. #, etc.
 City & State
 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
BRANNON, RICHARD M
42 N LAKESHORE DR
HYPOLUXO FL 33462

7. Name and Address of New Registered Agent
 Name *N/A*
 Street Address (P.O. Box Number is Not Acceptable)
 City **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 _____ DATE _____
 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. ☐ **FILE NOW!!! FEE IS \$550.00**
After September 12, 2001 Fee 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMEYER, NANCY		NAME		
STREET ADDRESS	640 E. OCEAN AVE., #19		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOMEYER, NANCY		NAME		
STREET ADDRESS	640 E. OCEAN AVE., #19		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BCH. FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **7/18/01** Daytime Phone # **561-**

CR2E034 (5/01)

Attachment Doc# L31191
773199

Nancy Domeyer, D.C.S.W.
M.S.W., A.C.S.W., L.C.S.W., L.M.F.T., M.Ht.
640 E. Ocean Avenue • Suite 19
Boynton Beach, Florida 33435
(561) 736-8223

Patient Name _____ Date 7/18/01

NOTES

Re: 2001 Uniform Business
Report

Dear Sir or Madam:

It has recently
come to my attention that
I never received the
above report, perhaps be-
cause my office has been
under construction (same
address as previously).

I am enclosing my
check for \$150 this date

Sincerely,
Nancy Domeyer