

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L34509

1. Entity Name

RICHARD PROSPECT, P.A.

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

04-27-2000 90122 003 ***150.00

Principal Place of Business

Mailing Address

~~SEABREEZE BOULEVARD~~

~~BCH FL 32118~~

~~444 SEABREEZE BOULEVARD~~

~~SUITE 210~~
~~DAYTONA BCH. FL 32118-3941~~
~~US~~

2. Principal Place of Business

3925 S. Nova Road

Suite, Apt. #, etc.

Suite 2

City & State

Port Orange, Florida

Zip

32127

Country

Volusia

3. Mailing Address

3925 S. Nova Road

Suite, Apt. #, etc.

Suite 2

City & State

Port Orange, Florida

Zip

32127

Country

Volusia



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2978535

Applied For

Not Applicable

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

PROSPECT, RICHARD

~~444 SEABREEZE BOULEVARD~~

~~SUITE 210~~

~~DAYTONA BCH. FL 32118~~

Name

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

3925 S. Nova Road

Suite 2

City

Port Orange

FL

Zip Code

32127

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, 2000 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

TITLE **D**
NAME **PROSPECT, RICHARD**
STREET ADDRESS ~~444 SEABREEZE BOULEVARD SUITE 210~~
CITY-ST-ZIP ~~DAYTONA BCH. FL 32118~~

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-19-00

9047616072

CR2E034 (9/99)