

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90137 038 ***150.00

DOCUMENT # L83044

1. Entity Name

THE PRESS DOCTOR, INC.

Principal Place of Business

Mailing Address

1883 NW 29TH ST.
 OAKLAND PARK FL 33311

1883 NW 29TH ST.
 OAKLAND PARK FL 33020-3534

2. Principal Place of Business

3. Mailing Address

1010A N 20th Ave
 Suite, Apt. #, etc.

1010A N 20th Ave
 Suite, Apt. #, etc.

City & State

City & State

Hollywood FL

Hollywood FL

Zip

Country

Zip

Country

33020 Broward

33020 Broward

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

EDWARD WOLICK
4897 NW 26 AVE.
FT. LAUDERDALE FL 33020

Name

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS WOLICK, EDWARD J., JR.
 CITY-ST-ZIP 4897 SW 26 AVENUE
 FT LAUDERDALE FL 33311

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

TITLE ☐ Delete
 NAME T
 STREET ADDRESS THRASHER, CYNTHIA
 CITY-ST-ZIP 6011 NE 5TH AVE
 FT LAUDERDALE FL 33334

TITLE ☒ Change ☐ Addition
 NAME Thrasher, Cynthia
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cynthia Thrasher
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #