

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90097 028 ***150.00

DOCUMENT # L 89282

Entity Name BEVERLY FOX, P.A.

Principal Place of Business Ste. 106
1860 N. Pine Island Rd.
Plantation, FL 33325

3. Mailing Address

Suite, Apt. #, etc. AS ABOVE

City & State AS ABOVE

Zip USA **Country** USA

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BEVERLY FOX
Ste. 106
1860 N. Pine Island Rd.
Plantation, FL 33325

7. Name and Address of New Registered Agent

Name

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

City FL **Zip Code**

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.

ADDRESS WAS CHANGED IN APRIL, 1999, but apparently it was not
4/24/00 noted

SIGNATURE Beverly Fox **(NOTE: Registered Agent signature required when reinstating)**

DATE 4/24/00

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 ☐ **\$5.00 May Be Added to Fees**

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Delete	PRESIDENT BEVERLY FOX STE 106 1860 N. Pine Island Rd. Plantation, FL 33325	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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 stated 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: Beverly Fox **BEVERLY FOX** 4/24/00 (954) 916-6622

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

CR2E034 (9/99)