

# 2002 UNIFORM BUSINESS REPORT (UBR)

**REJECTED**

07-22-2002 90161 013 \*\*\*150.00

P01000049114

02 AUG 13 AM 8:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P01000049114

1. Entity Name

BEFORE & AFTER WEIGHT LOSS CLINIC OF INDIAN RIVER COUNTY, INC

Principal Place of Business

911 FOURTEENTH LANE  
VERO BEACH FL 32960  
US

Mailing Address

911 FOURTEENTH LANE  
VERO BEACH FL 32960  
US

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

65-1105313

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HUFF, SYLVIA N  
16975 HAMMOCK LANE  
PORT ST LUCIE FL 34987

7. Name and Address of New Registered Agent

Name

Lee McCaskill

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

4909 S. US #1

City

Fort Pierce

FL

Zip Code

34982

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

*Lee McCaskill*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7/15/02

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, 2002 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 P  
NAME MC CASKILL, NANCY LEE  
STREET ADDRESS 2301 N. CONGRESS AVENUE # 25  
CITY-ST-ZIP BOYTON BEACH FL 33428

*change of address  
with  
notice  
12/14/01*

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRESIDENT  
NAME McCaskill, Lee  
STREET ADDRESS 4909 S. US #1  
CITY-ST-ZIP Fort Pierce, FL 34982

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
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:

*Lee McCaskill*

7/15/02 (222) 708-7026

CR2E034 (9/01)

8/7/02

Ref# P01000049114

Dear Florida Dept of State

I received the Uniform business report in June 2002, after the deadline of May 2002. I don't know why I did not receive it sooner, but as I explained on the notes of what I downloaded from the computer (when I pd. the \$150.00) I suspect it went to the old registered agent or to the wrong address. Nevertheless, I got it at the end of June and on July 15<sup>th</sup> sent the \$150.00. I am asking you to waive the late fee this one time because:

- 1) I am a first-time corporation owner & was not aware this was due, nor did my accountant tell me.
- 2) I did receive a report but it was not delivered in a timely manner.
- 3) Being a business less than 1 year old I cannot afford such a fine!

Thank you for understanding & this is now imprinted in my memory so it won't be late next year!

Lee McEskille  
owner / Partner & Attorney