

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

08-13-2003 90075 042 ***150.00

0128178 AT

DOCUMENT # P02000099070

1. Entity Name

THE EAR, NOSE & THROAT CENTER, P.A.



Principal Place of Business

**7915 BAY STREET
SEBASTIAN FL 32958**

Mailing Address

**7915 BAY STREET
SEBASTIAN FL 32958**

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

76-0714569

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NINKE, JOSEPH A
7915 BAY STREET
SEBASTIAN FL 32958**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **NINKE, JOSEPH A**
CITY-ST-ZIP **7915 BAY STREET
SEBASTIAN FL 32958**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

JOSEPH A. NINKE

Date

8/8/03

Daytime Phone #

**(772)
581-3687**

CR2E034 (4/03)

Attachment #
80138159
P02000099070
PRICE & ASSOCIATES, P.A.

CERTIFIED PUBLIC ACCOUNTANTS

1623 U.S. #1, Suite B-4
P.O. Box 780698
Sebastian, FL 32978-0698
(772) 589-8981
Fax (772) 589-9048

730 E. Strawbridge Ave., Ste 204
Melbourne, FL 32935
(321) 729-9611
Fax (321) 956-8669

Reply to:
Sebastian

August 8, 2003

Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

RE: The Ear, Nose & Throat Center, P.A.
EIN: 76-0714569
Document #P02000099070
2003 Uniform Business Report

Please find the enclosed 2003 Uniform Business Report for Pink Flamingo Motel, Inc. This is the first year the corporation has been in existence and they were unaware of this report. This is the first report the corporation received. Therefore, the taxpayer has completed this report and is submitting the original \$150.00 due with the report. Please accept payment and abate the additional penalty.

Thank you for your consideration in this matter.

Very Truly Yours,



C. Clay Price, CPA

/tmo

Enclosures

cc: The Ear, Nose & Throat Center, P.A.