

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000000710

1. Entity Name
HAND REHABILITATION OF THE PALM BEACHES, INC. ✓

FILED
Jul 28, 2000 8:00 am
Secretary of State

07-28-2000 90150 015 ***550.00

Principal Place of Business
2459 SOUTH CONGRESS AVE.
SUITE 203
WEST PALM BEACH FL 33406

Mailing Address
2459 SOUTH CONGRESS AVE.
SUITE 203
WEST PALM BEACH FL 33406



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1620 S. Congress Ave.
Suite, Apt. #, etc.
Suite 203

3. Mailing Address
1620 S. Congress Ave.
Suite, Apt. #, etc.
Suite 203

City & State
Palm Springs FL

City & State
Palm Springs FL

4. FEI Number 65-0383724

Applied For
Not Applicable

Zip Country
33461 USA

Zip Country
33461 USA

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

CAMPBELL, SHELLEY
1620 S CONGRESS AVE
SUITE S-203
PALM SPRINGS FL 33461

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	CAMPBELL, SHELLEY	
STREET ADDRESS	2615 COLGATE LN	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SHELLEY CAMPBELL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (5/00)