

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037671

1. Entity Name

REBECCA J. DEL MEDICO, P.A.

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

03-10-2000 90021 030 ***150.00

Principal Place of Business

Mailing Address

14 TARA LAKES DRIVE EAST
BOYNTON BEACH FL 33436

14 TARA LAKES DRIVE EAST
BOYNTON BEACH FL 33436-6709

2. Principal Place of Business

6281 Floridian Circle
Suite, Apt. #, etc.

3. Mailing Address

6281 Floridian Circle
Suite, Apt. #, etc.

City & State

Lake Worth FL

Zip

33463

Country

City & State

Lake Worth FL

Zip

33463

Country

4. FEI Number

65-0461899

Applied For

Not Applicable

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

DEL MEDICO, REBECCA J
14 TARA LAKES DRIVE EAST
BOYNTON BEACH FL 33436

Name

Rebecca J. DelMedico

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

6281 Floridian Circle

City

Lake Worth

FL

Zip Code

33463

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

Rebecca J. DelMedico

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

(NOTE: Registered Agent signature required when reinstating)

3/7/2000

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 PD
NAME DELMEDICO, REBECCA
STREET ADDRESS 14 TARA LAKES DRIVE EAST
CITY-ST-ZIP BOYNTON BEACH FL

☐ Delete

TITLE PD
NAME Rebecca Delmedico
STREET ADDRESS 6281 Floridian Circle
CITY-ST-ZIP Lake Worth FL 33463

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

Rebecca J. DelMedico / Rebecca J. DelMedico

Date

3/7/2000

Daytime Phone #

(561)964-6622

CR2E034 (9/99)