

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2002 8:00 am  
Secretary of State

02-01-2002 90005 031 \*\*\*150.00

DOCUMENT # P94000061667

1. Entity Name

CENTRAL FLORIDA THERAPY SPECIALISTS, INC.

Principal Place of Business

18650 U.S. HWY 441  
MOUNT DORA FL 32757

Mailing Address

18650 U.S. HWY 441  
MOUNT DORA FL 32757

2. Principal Place of Business

1301 S. Bay St.  
Suite, Apt. #, etc.

3. Mailing Address

1301 S. Bay St.  
Suite, Apt. #, etc.

City & State

Eustis FL

City & State

Eustis FL

4. FEI Number

59-3263088

Applied For

Not Applicable

Zip

32726

Country

Lake

Zip

32726

Country

Lake

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DUVALL, PAMELA  
34807 NASHUA BLVD.  
SORRENTO FL 32776

1605 Fahrstock St.  
Eustis, FL 32726

7. Name and Address of New Registered Agent

Name

Duwall, Pamela

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

1605 Fahrstock St

City

Eustis

FL

Zip Code

32726

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

Pamela Duwall

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

(NOTE: Registered Agent signature required when reinstating)

1/16/02

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, 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	<input type="checkbox"/> Delete
NAME	DUVALL, STEPHEN R.P.T.	
STREET ADDRESS	34807 NASHUA BLVD	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DUVALL, PAMELA	
STREET ADDRESS	34807 NASHUA BLVD	
CITY-ST-ZIP	SORRENTO FL 32776	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duwall, Steve	
STREET ADDRESS	1605 Fahrstock St.	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Duwall, Pamela	
STREET ADDRESS	1605 Fahrstock St	
CITY-ST-ZIP	Eustis, FL 32726	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

Pamela Duwall

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 352-357-6133

Date

Daytime Phone #

CR2E034 (9/01)