

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2001 8:00 am
Secretary of State

08-20-2001 90068 029 ***150.00

0143647 SP

DOCUMENT # P94000093064

1. Entity Name

DR. LEORA J. GARDNER PH.D, P.A.

Principal Place of Business

**7040 W. PALMETTO ROAD #4
 SUITE 496
 BOCA RATON FL 33433**

Mailing Address

**% ELLIOT ROTH, CPA P.A.
 7040 W PALMETTO ROAD SUITE #4
 BOCA RATON FL 33433**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0542082

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GARDNER, LEORA J PH.D.
 7058 A COURTYARD RUN COURT
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name

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

**LEORA GARDNER PHD
 3416 NW 51st Place
 Boca Raton FL 33433**

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

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

(NOTE: Registered Agent signature required when re-stating)

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 \$550.00
 After September 12, 2001 Fee 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

TITLE **PD** ☐ Delete
 NAME **GARDNER, LEORA J PH.D**
 STREET ADDRESS **7508A COURTYARD RUN EAST**
 CITY-ST-ZIP **BOCA RATON FL 33433**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)

Attachment
A0081982

Dr. Leora J. Gardner, PH.D. P.A.

7040 W Palmetto PK Road

W-496

Boca RATON FL 33433

Division of Corporations

P.O. Box 6327

Tallahssee, FL 32311

RE: Document Number P94000093064


Dear Sir/Madam:

Please be advised that according to my records, I sent my check for the annual fee to the Department of State on April 20, 2000. I have now received notice that the state never received that payment and is now assessing a significant late fee.

I have always made every attempt to comply with the state's filing requirements and am enclosing a new form together with my check in the amount of \$150.

I would greatly appreciate your cooperation in this matter.

Sincerely,



Leora Gardner