

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000026299

1. Entity Name

MULBERRY REHABILITATION & FINANCIAL CONSULTING,

Principal Place of Business

703 N CHURCH AVE
PO BOX 303
MULBERRY FL 33860-0363
US

Mailing Address

1007 NORTH CHURCH STREET
MULBERRY FL 33860-2039

2. Principal Place of Business

3. Mailing Address

708 N. Church Ave.

P.O. Box 303

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 303

City & State
Mulberry, FL

City & State
Mulberry, FL

Zip
33860-0303

Country
USA

Zip
33860-0303

Country
USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAUBNER, DOROTHY B
1007 NORTH CHURCH STREET
MULBERRY FL 33860

Name

Dorothy B. Doyle

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

708 N. Church Ave

City

Mulberry

FL

Zip Code
33860

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 Dorothy B. Doyle / Dorothy B. Doyle aka Dorothy B. Haubner, President 4/11/2000

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

(If "E" Registered Agent signature required when reinstating)

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTC
HAUBNER, DOROTHY B
2632 HANDLEY BLVD.
LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Dorothy B. Doyle
4360 Creekwood Lane
Mulberry, FL 33860 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
DOYLE, LEROY
4360 CREEKWOOD LN
MULBERRY FL ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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: Dorothy B. Doyle / Dorothy B. Doyle, President 4/11/00 (863) 425-1907

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3307700

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (9/99)