

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State

03-28-2003 90070 036 ***150.00

DOCUMENT # P95000026299

1. Entity Name
MULBERRY REHABILITATION & FINANCIAL CONSULTING, INC.



Principal Place of Business
**708 N CHURCH AVE
PO BOX 303
MULBERRY FL 33860-0363
US**

Mailing Address
**P.O. BOX 303
MULBERRY FL 33860**



2. Principal Place of Business

4360 Creekwood Lane

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Mulberry, FL

City & State

4. FEI Number **59-3307700**

Applied For

Not Applicable

Zip

Country

Zip

Country

33860

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

**DOYLE, DOROTHY B
708 N CHURCH AVE
MULBERRY FL 33860**

Name

Doyle, Dorothy B.

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

4360 Creekwood Lane

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Dorothy B. Doyle, Dorothy B. Doyle, President**

3/26/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTC** ☐ Delete
NAME **DOYLE, DOROTHY B**
STREET ADDRESS **4360 CREEKWOOD LANE**
CITY-ST-ZIP **MULBERRY FL 33860**

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Dorothy B. Doyle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/03 (863) 425-1907
Date Daytime Phone #

CR2E034 (10/02)