

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000060198

1. Entity Name

ROGER H. FISCHEL, D.C., P.A.

Principal Place of Business

553 EAST SAMPLE RD  
POMPANO BEACH FL 33061

Mailing Address

553 EAST SAMPLE RD  
POMPANO BEACH FL 33064-4425

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

33064 Country

Zip

Country

4. FEI Number

65-0602785

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

Name

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

City

FL

7-2000  
33064

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 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  Delete  
NAME FISCHEL, ROGER H  
STREET ADDRESS 2301 W. SAMPLE ROAD, BLDG. 2, SUITE 10-A  
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE  Change  Addition  
NAME FISCHEL, ROGER H  
STREET ADDRESS 553 E. SAMPLE RD.  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE  Delete  
NAME FISCHEL, CAROLYN M.  
STREET ADDRESS 2301 W SAMPLE ROAD, BLDG. 2, SUITE 10-A  
CITY-ST-ZIP POMPANO BEACH FL 33073

TITLE  Change  Addition  
NAME FISCHEL, CAROLYN M.  
STREET ADDRESS 553 E. SAMPLE RD.  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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: *Roger H. Fischel*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-21-00 964-184-8160  
Date Daytime Phone #

CR2E034 (1/99)