

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90011 007 ***550.00

DOCUMENT # P96000100383

1. Entity Name
PAUL A. PALO, D.M.D., P.A.

Principal Place of Business 400 1ST STREET NORTH WINTER HAVEN FL 33881	Mailing Address 400 1ST STREET NORTH WINTER HAVEN FL 33881
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3417334		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
PALO, PAUL A 400 1ST STREET NORTH WINTER HAVEN FL 33881				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALO, PAUL A 400 1ST STREET NORTH WINTER HAVEN FL 33881 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: Paul Palo DMD 5/17/2001 863-294-7605
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



HEDDIE'S BOOKKEEPING SERVICES INC.
2519-1 Whispering Woods Bl., Jacksonville, FL 32246
Tel. # (904) 641-0414 ● FAX (904) 641-5485

APRIL 23, 2001

Uniform Business Report
Division of Corporations
P.O. BOX 1500
Tallahassee, Florida 32302-1500

Subject: UBR for 2001

*Attachment 845398
part 000011587*

Dear Sir:

I would like to request your good office to send me another copy of my UBR report for 2001 which was misplaced. However, I would like to pay before the deadline date, I am sending a copy of my 2000 UBR to verify the informations of my corporation. All informations from line 1 thru 13 are the same for my 2001 UBR.

Enclosed please find check # 2071 in the amount of \$158.75 (fee of \$150 and certificate of status of \$8.75). I am going to send my 2001 UBR as soon as I receive it.

Thank you for your kind assistance.

Sincerely,



Evansuida Enriquez-Rimas

President

Daytime Phone: (904)353-5904 ext 4724