

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90119 017 ***150.00

DOCUMENT # **P 96000104332**

1. Entity Name **SHEILA D NAIR-DOYLE; A.P., P.A.**

Principal Place of Business Mailing Address **2430 OLD GROVES**
359 S. Commerce Ave #104 RD
~~SEBRING, FL 33870~~ **NAPLES, FL**
34109

A0063584

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business **ACUPUNCTURE CENTER**
Suite, Apt. #, etc. **359 S. Commerce Ave**

3. Mailing Address **2430 OLD GROVES RD**
Suite, Apt. #, etc. **#104**

City & State **SEBRING, FL 33870**
Zip **33870** Country **U.S.A**

City & State **NAPLES, FL**
Zip **34109** Country **USA**

4. FEI Number **65-0721831**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SHEILA D NAIR DOYLE A.P.
359 S. Commerce Ave P.A.
SEBRING, FL 33870

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
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 **Sheila Nair Doyle** **4-26-01**
(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, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution ☐

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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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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: **Sheila Nair Doyle**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01 863 385 6897
Date Daytime Phone #

CR2E034 (11/00)