

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000042202

1. Entity Name

DOCK DOCTORS OF CENTRAL FLORIDA, INC.

Principal Place of Business

Mailing Address

115 SOUTH 78TH STREET
TAMPA FL 33619

115 SOUTH 78TH STREET
TAMPA FL 33619-4220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3447104

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

FISCHER, J JEFFREY
115 SOUTH 78TH ST
TAMPA FL 33619

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

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 P
NAME FISCHER, J JEFFREY
STREET ADDRESS 115 SOUTH 78TH STREET
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE T
NAME GAUL, DAVID R
STREET ADDRESS 115 SOUTH 78TH STREET
CITY-ST-ZIP TAMPA FL 33619 ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID RAY GAUL

Date

Daytime Phone #

1/7/00

813-621-1000



DO NOT WRITE IN THIS SPACE