

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000043403

1. Entity Name

ABBOTT PAIN RELIEF INSTITUTE, INC.

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90058 010 \*\*\*150.00

Principal Place of Business

2150 S CONGRESS AVE  
 WEST PALM BEACH FL 33406

Mailing Address

2150 S CONGRESS AVE  
 WEST PALM BEACH FL 33409-6515

2. Principal Place of Business

3261 SE QUAY STREET

3. Mailing Address

3261 SE QUAY ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POR ST LUCE FL 34984

City & State

POR ST LUCE FL

Zip

Country

34984

Zip

Country

34984

4. FEI Number

65-0753926

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

ABBOTT, LEE J  
 2150 S CONGRESS AVE  
 WEST PALM BEACH FL 33406

7. Name and Address of New Registered Agent

Name LEE J. ABBOTT

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

3261 SE QUAY STREET

POR ST LUCE

City

FL

Zip Code

34984

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ABBOTT, LEE J	
STREET ADDRESS	2150 S CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3261 SE QUAY STREET	
CITY-ST-ZIP	POR ST LUCE FL 34984	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-00

Date

561 344-8829

Daytime Phone #

CR2E034 (9/99)