

# 2000 UNIFORM BUSINESS REPORT (UBR)

1062

DOCUMENT #

P97000072913

1. Entity Name

PODIATRY ONLINE, INC.

FILED

00 MAY 25 PM 3:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5210 Linton Boulevard  
Suite 305

same

Boca Raton, Florida 33484

2. Principal Place of Business

same

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0795571

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Alan Sherman  
5210 Linton Boulevard  
Suite 305  
Boca Raton, Florida 33484

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 D Alan Sherman ☐ Delete  
NAME  
STREET ADDRESS 5210 Linton Boulevard  
CITY-ST-ZIP Suite 305  
Boca Raton, FL 33484

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 600003275666--4  
CITY-ST-ZIP -06/05/00--01003--006  
\*\*\*\*150.00 \*\*\*\*150.00

TITLE D Michael Shore ☐ Delete  
NAME  
STREET ADDRESS 3332 Hills ~~DRIVE~~ BLVD. AS  
CITY-ST-ZIP Deerfield Beach, FL 33442

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Alan Sherman, Director

5/24/00

Date

888 802 6888

Daytime Phone #

CR2E034 (9/99)

202

ALAN SHERMAN  
5210 Linton Boulevard  
Suite 305  
Boca Raton, Florida 33484

May 24, 2000

Secretary of State  
Tallahassee, Florida 32301

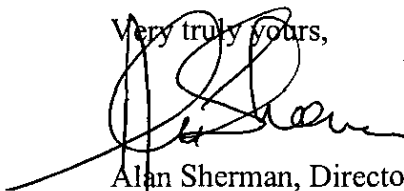
Re: Podiatry Online, Inc.  
Document No. P97000072913

Gentlemen:

Enclosed is the 2000 Uniform Business Report for Podiatry Online, Inc. Please accept this filing and waive the penalty for late filing, as our office never received the original form from your office.

Thank you for your cooperation and courtesy in this matter.

Very truly yours,



Alan Sherman, Director