

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90186 016 \*\*\*150.00

DOCUMENT # P97000089845

1. Corporation Name  
DOCTOR MONEY, INC.



Principal Place of Business

25350 U.S. 19 NORTH  
#145  
CLEARWATER FL 33763

Mailing Address

25350 U.S. 19 NORTH  
#145  
CLEARWATER FL 33763

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 4525 ORANGE GR DR #5

2a. Mailing Address

26 9525 Orange Gr. DR

Suite, Apt. #, etc.

22 #5

Suite, Apt. #, etc.

27 #5

City & State

23 Tampa, FL

City & State

28 Tampa, FL

Zip

24 33618

Country

25 US

Zip

29 33618

Country

30 US

9. Name and Address of Current Registered Agent

YOUNG, WILLIAM T  
25350 U.S. 19 NORTH  
#145  
CLEARWATER FL 33763

3. Date Incorporated or Qualified

10/17/1997

4. FEI Number

59-3476310

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

William T. Young

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

4525 Orange Grove Drive #5

83

84 City

Tampa

FL

85 Zip Code  
33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME YOUNG, WILLIAM T  
STREET ADDRESS 25350 US 19N #145  
CITY-ST-ZIP CLEARWATER FL 33763

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME William T. Young  
1.3 STREET ADDRESS 9525 ORANGE GROVE DR #5  
1.4 CITY-ST-ZIP Tampa, FL 33618

☒ Change

☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W. T. YOUNG  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99

Date

813-765-5126

Daytime Phone #

CR2E034 (1/98)

0579612