

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000019119

1. Entity Name
THE FOUNTAIN DOCTORS, INC.

Principal Place of Business
17821 E. COLONIAL DR.
ORLANDO FL 32820

Mailing Address
17821 E. COLONIAL DR.
ORLANDO FL 32820

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 59-3495105 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

YOUNG, R. MARTIN
17442 E. COLONIAL DR.
ORLANDO FL 32820

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. FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	DPVP YOUNG, R. MARTIN 17442 E. COLONIAL DR. ORLANDO FL 32820	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90095 044 ***150.00

00075207



DO NOT WRITE IN THIS SPACE

011454
AT

CR2E034 (5/01)

Attachment

DOC# P98 000019119
CD075307

To Whom It May Concern,

The Fountain Doctors Inc. did not receive the first notice for the 2001 Uniform Business Report. We work out of another companies office and it may have been misplaced with their mail which is the only way I can think we would not have received it, for the address is correct and we did receive the second notice with the late fee. I am asking that the late fee be waved, and will be aware of the time each year the notice should arrive, to make sure we are not late again. I am sending a check for the original fee of \$150.00, and was informed if you decide no to wave the fee, a bill will be sent to us, and we will pay it as soon as we get it. If the fee is waved, we will be more aware of the notice and make sure it is sent back in time next year. If you have any questions, please feel free to call me at my office to discuss this further (407) 568-4600.

Thank You

R. Martin Young/ President and Owner