

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000035235

1. Entity Name

EXPERT MEDICAL LETTERS, INC.

FILED

Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90066 043 ***150.00

Principal Place of Business

Mailing Address

2026 SARNO ROAD
MELBOURNE FL 32935

2026 SARNO ROAD
MELBOURNE FL 32935-3912

2. Principal Place of Business

3020 YUKON COURT

Suite, Apt. #, etc.

3. Mailing Address

3020 YUKON COURT

Suite, Apt. #, etc.

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

4. FEI Number

59-3546688

Applied For

Not Applicable

Zip

Country

32935-4510

USA

Zip

Country

32935-4510

USA

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

L'ALLIER, ELIZABETH M
2026 SARNO ROAD
MELBOURNE FL 32935

Name
(SAME)

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

3020 YUKON COURT

City

MELBOURNE

FL

Zip Code
32935-4510

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

Elizabeth M. L'Allier ELIZABETH M. L'ALLIER, DIRECTOR 1/25/2000

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
NAME L'ALLIER, ELIZABETH M
STREET ADDRESS 2026 SARNO ROAD
CITY-ST-ZIP MELBOURNE FL 32935

☐ Delete

TITLE DIRECTOR
NAME L'ALLIER, ELIZABETH M.
STREET ADDRESS 3020 YUKON COURT
CITY-ST-ZIP MELBOURNE, FL 32935

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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:

Elizabeth M. L'Allier ELIZABETH M. L'ALLIER 1/25/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

321/2551577

CR2E034 (9/99)