

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000044850

1. Entity Name

ELIZABETH PAUL, P.A.

**FILED**  
**Apr 27, 2001 8:00 am**  
**Secretary of State**

04-27-2001 90361 011 \*\*\*150.00

Principal Place of Business

15178 PARKSIDE DR., APT. 5  
FORT MYERS FL 33908

Mailing Address

15178 PARKSIDE DR., APT. 5  
FORT MYERS FL 33908

00055040

2. Principal Place of Business

13823 LILY PAD CIR.

Suite, Apt. #, etc.

3. Mailing Address

13823 LILY PAD CIR.

Suite, Apt. #, etc.

City & State

FORT MYERS

City & State

FORT MYERS

Zip

33907

Country

USA

Zip

33907

Country

USA

4. FEI Number 65-0839217

Applied For:

Not Applicable

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

PAUL, ELIZABETH  
15178 PARKSIDE DR., APT. 5  
FORT MYERS FL 33908

Name

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

13823 LILY PAD CIR

City

FORT MYERS

Zip Code

33907

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 Paul*

ELIZABETH PAUL

4/23/2001

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, 2001 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 ☐ Delete  
NAME PAUL, ELIZABETH  
STREET ADDRESS 15178 PARKSIDE DR., APT. 5  
CITY-ST-ZIP FORT MYERS FL 33908

TITLE ☒ Change ☐ Addition  
NAME ☐ Change ☐ Addition  
STREET ADDRESS 13823 LILY PAD CIRCLE  
CITY-ST-ZIP FORT MYERS, FL 33907

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

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: *Elizabeth Paul*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH PAUL

Date

Daytime Phone #

CR2E034 (10/00)