

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90201 023 ***150.00

DOCUMENT # **P98000047378**

1. Entity Name

DYE-HERITAGE MANAGEMENT, INC.

DYE-HERITAGE MANAGEMENT & MEDICAL SERVICES, INC.

N/C 1/24/02

(TM)

Principal Place of Business

260 NW 118 AVE

CORAL SPRINGS FL 33071

4100 S. HOSPITAL DR

SUITE 203

PLANTATION, FL 33317

Mailing Address

260 NW 118 AVE

CORAL SPRINGS FL 33071

2. Principal Place of Business

4100 SOUTH HOSPITAL DR

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

203

City & State

PLANTATION, FL

City & State

4. FEI Number

65-0841187

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DYER, MARJORIE V

3291 NORTHWEST 95TH TERRACE

SUNRISE FL 33351

7. Name and Address of New Registered Agent

Name

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

260 NW 118 AVE

CORAL SPRINGS

City

FL

Zip Code

33071

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, 2002 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

TITLE **PD** ☐ Delete

NAME **DYER, MARJORIE V**

STREET ADDRESS **260 NW 118 AVE**

CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE **VS** ☐ Delete

NAME **DYER, LYNVAL L**

STREET ADDRESS **260 NW 118 AVE**

CITY-ST-ZIP **CORAL SPRINGS FL 33071**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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: **Marjorie Dyer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/02 (954) 316-6403

Date

Daytime Phone #

CR2E034 (9/01)