

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066510

1. Entity Name

TONYA MENZ PIGNATO, LCSW, P.A.

FILED
Mar 21, 2000 8:00 am
Secretary of State

03-21-2000 90080 010 ***150.00

Principal Place of Business

Mailing Address

765 WHIPPOORWILL ISLE NORTH
WEST PALM BEACH FL 33411

765 WHIPPOORWILL ISLE NORTH
WEST PALM BEACH FL 33411-5247

0 2 1 0 0 1



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5700 Lakeworth Rd.

765 Whippoorwill Island

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 212

1

City & State

City & State

Lakeworth, FL

West Palm Beach, FL

Zip

Country

Zip

Country

334103

Palm Beach

33411

Palm Beach

4. FEI Number

65-0857543

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

PIGNATO, TONYA
765 WHIPPOORWILL ISLE NORTH
WEST PALM BEACH FL 33411

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.
(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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PIGNATO, TONYA M
765 WHIPPOORWILL ISLE NORTH
WEST PALM BEACH FL 33411

☐ Delete

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☐ 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR:FC:14 (1/98)