

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90387 050 \*\*\*150.00

**DOCUMENT # P98000074338**

1. Entity Name  
**PEDRO N. YEPES-HOYOS, MD PA**

Principal Place of Business      Mailing Address  
**13023 ROYAL GEORGE AVE.**      **13023 ROYAL GEORGE AVE.**  
**ODESSA FL 33556**      **ODESSA FL 33556-5714**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**117 EAST VILLA CAPRI CIRCLE**      **117 EAST VILLA CAPRI CIRCLE**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Apt A, THE ARBORS**      **Apt A, THE ARBORS**  
 City & State      City & State  
**DELAND, FLORIDA**      **DELAND**  
 Zip      Country      Zip      Country  
**32724**      **USA**      **32724**      **USA**

4. FEI Number      Applied For  
**59-3529823**       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

**DIMARCO, ROBERT F**  
**3444 EAST LAKE ROAD #412**  
**PALM HARBOR FL 34685**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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	<b>D</b> <b>YEPES-HOYOS, PEDRO N</b> <b>13023 ROYAL GEORGE AVE.</b> <b>ODESSA FL 33556</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>YEPES-HOYOS PEDRO N.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>117 EAST VILLA CAPRI CIRCLE, APT A, THE ARBORS</b> <b>DELAND, FL 32724</b>
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
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
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
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
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 reports 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:** **SIGATURE REQUIRED**      **4/20/00**      **(904)943-4620**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/99)