

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90093 040 ***150.00

DOCUMENT # P98000100506

1. Entity Name

LINDA FORMENT, C.P.A., P.A.

Principal Place of Business

Mailing Address

**1335 ESSEX DRIVE
WELLINGTON FL 33414**

**PO BOX 210908
ROYAL PALM BEACH FL 33421-0908**

2. Principal Place of Business

3. Mailing Address

14100 Tecoma Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Wellington FL

Zip

33414

Country

USA

Zip

33414

Country

USA

4. FEI Number

65-0886808

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

**FORMENT, LINDA
1335 ESSEX DR
WELLINGTON FL 33414**

Name

SAME

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

14100 Tecoma Dr

City

Wellington

FL

Zip Code

33414

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 **D**
NAME **FORMENT, LINDA**
STREET ADDRESS **1335 ESSEX DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

☐ Delete

TITLE **D, P, S, T**
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☒ Addition

TITLE **D**
NAME **FORMENT, MANUEL**
STREET ADDRESS **1335 ESSEX DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE **D**
NAME **FORMENT, RON**
STREET ADDRESS **3850 GALT OCEAN DR #1605**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

TITLE
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TITLE
NAME
STREET ADDRESS
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)(l), 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/00

Date

561/753-6658

Daytime Phone #

CR2E034 (9/99)