

# 2000 UNIFORM BUSINESS REPORT (UBR)

6/9

**FILED**  
**Jul 11, 2000 8:00 am**  
**Secretary of State**

06-09-2000 90040 030 \*\*\*150.00

**DOCUMENT #** 998 000 107 879

**1. Entity Name**  
Doctor H. F. *R*

**Principal Place of Business** **Mailing Address**  
1113 S. Cypress Road  
Pompano Beach, FL 33060

**2. Principal Place of Business** **3. Mailing Address**  
1113 S Cypress Road  
Suite, Apt. #, etc.

**City & State** **City & State**  
Pompano Beach, FL  
Pompano Beach, FL

**Zip** **Country** **Zip** **Country**  
33060 Broward

**4. FEI Number** **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**  
? *Gary Stanley Lynch*  
Street Address (P.O. Box Number is Not Acceptable)  
1113 S. Cypress Road  
City *Pompano Beach* **FL** **Zip Code** *33060*

**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** *Gary S Lynch* **5/30/00**  
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.** ☐ **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** ☐ **\$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 | TITLE   | NAME | STREET ADDRESS | CITY-ST-ZIP |
|---------------------------------|------|----------------|-------------|---|------|----------------|-------------|
| <input type="checkbox"/> Delete |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |      |                |             |
| <input type="checkbox"/> Delete |      |                |             | <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 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:** *Gary S Lynch* **5/30/00 954/785 1430**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)