

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 14, 2000 08:00 AM**
Secretary of State**DOCUMENT # P99000007555****1. Entity Name**
FLORIDA MOBILE FOOT CARE INC.

| | |
|---|---|
| Principal Place of Business 1900 EAGLE TRACE BLVD E CORAL SPRINGS FL 33071 | Mailing Address 1900 EAGLE TRACE BLVD E CORAL SPRINGS FL 33071 |
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| 2. Principal Place of Business 9900 WEST SAMPLE ROAD | 3. Mailing Address |
|--|---------------------------|

| | |
|---|----------------------------|
| Suite, Apt. #, etc. SUITE 330 | Suite, Apt. #, etc. |
|---|----------------------------|

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|---|-------------------------|
| City & State CORAL SPRINGS FL | City & State |
|---|-------------------------|

| | | | |
|---------------------|----------------|------------|----------------|
| Zip 33075 | Country | Zip | Country |
|---------------------|----------------|------------|----------------|

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| 4. FEI Number 65-0895453 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAZARUS DOUGLAS
1900 EAGLE TRACE BLVD E

CORAL SPRINGS FL 33071 US

7. Name and Address of New Registered Agent

Name
LAZARUS LESLIE J
Street Address (P.O. Box Number is Not Acceptable)
1900 EAGLE TRACE BLVD E

City
CORAL SPRINGS 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 LESLIE JEAN LAZARUS****04/14/2000**

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

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREA LAZARUS LESLIE J 1900 EAGLE TRACE BLVD EAST CORAL SPRINGS FL 33071 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
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| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRES LAZARUS LESLIE J 1900 EAGLE TRACE BLVD EAST CORAL SPRINGS FL 33071 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|---|--|

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 Leslie Jean Lazarus**Pres** 04/14/2000