

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000011781

1. Entity Name
DR. PC & SON, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90044 022 ***158.75

Principal Place of Business
918 ORANGE AVE. SUITE B
WINTER PARK FL 32789

Mailing Address
918 ORANGE AVE. SUITE B
WINTER PARK FL 32789-4707



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
905 Hickory Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 388
Suite, Apt. #, etc.

City & State
Fruitland Park FL
Zip 34731 Country US

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Fruitland Park FL
Zip 34731 Country US

4. FEL Number
59-3564800
Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
NISI, FRANK P JR
918 ORANGE AVE, SUITE B
WINTER PARK FL 32789

7. Name and Address of New Registered Agent
Name Frank P. Nisi Jr.
Street Address (P.O. Box Number is Not Acceptable)
2003 Lake Howell Lane, Suite 101
City Maitland FL Zip Code 32751

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 *Frank P. Nisi Jr.*
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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D THOMPSON, CHARLES O 905 HICKORY AVE FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D THOMPSON, CHARLES B 905 HICKORY AVE FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D THOMPSON, BARBARA L 905 HICKORY AVE FRUITLAND PARK FL 34731
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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: *Charles O. Thompson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 4-17-00
Daytime Phone # 352-326-9274

CR2E034 (9/99)