

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

04-24-2000 90044 022 \*\*\*158.75

**DOCUMENT # P99000011781**

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

Principal Place of Business <b>918 ORANGE AVE. SUITE B WINTER PARK FL 32789</b>	Mailing Address <b>918 ORANGE AVE. SUITE B WINTER PARK FL 32789-4707</b>
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2. Principal Place of Business <b>905 Hickory Ave</b>	3. Mailing Address <b>P.O. Box 388</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State <b>Fruitland Park FL</b>	City & State <b>Fruitland Park FL</b>	4. FEL Number <b>59-3564800</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>34731</b>	Country <b>US</b>	Zip <b>34731</b>	Country <b>US</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>NISI, FRANK P JR 918 ORANGE AVE, SUITE B WINTER PARK FL 32789</b>	7. Name and Address of New Registered Agent Name <b>Frank P. Nisi Jr.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2003 Lake Howell Lane, Suite 101</b> City <b>Maitland</b> FL Zip Code <b>32751</b>
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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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>THOMPSON, CHARLES O</b> <b>905 HICKORY AVE</b> <b>FRUITLAND PARK FL 34731</b> <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	<b>D</b> <b>THOMPSON, CHARLES B</b> <b>905 HICKORY AVE</b> <b>FRUITLAND PARK FL 34731</b> <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	<b>D</b> <b>THOMPSON, BARBARA L</b> <b>905 HICKORY AVE</b> <b>FRUITLAND PARK FL 34731</b> <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 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 **CHARLES O. THOMPSON** **352 - 326-9274**  
 Date **4-17-00** Daytime Phone #

CR2E034 (9/99)