

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036095

1. Entity Name

MICHAEL WYCOKI MEDICAL P.A.

FILED
Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90056 016 ***150.00

Principal Place of Business

Mailing Address

9145 DELAFIELD
HOBE SOUND FL 33455

9145 DELAFIELD
HOBE SOUND FL 33455-7717

00030235



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1002 SILVERLEAF CT.

3. Mailing Address

1002 SILVERLEAF CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

P. BEACH GARDENS, FL

City & State

P. BEACH GARDENS FL

4. FEI Number

65-0912448

Applied For

Not Applicable

Zip

Country

33410

U.S.A

Zip

Country

33410

USA

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

WYCOKI, MICHAEL JR.
9145 DELAFIELD
HOBE SOUND FL 33455

Name

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

1002 SILVERLEAF COURT

City

PAUM BEACH GARDENS

FL

Zip Code

33410

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

Michael Wycoki

(NOTE: Registered Agent signature required when reinstating)

DATE

3/14/00

9. This corporation is eligible to satisfy its Intangible
Tax filing requirements 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
NAME
STREET ADDRESS
CITY - ST - ZIP

D.
WYCOKI, MICHAEL JR.
9145 DELAFIELD
HOBE SOUND FL 33455

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)