

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054684

1. Entity Name

THE CONDO DOCTOR, INC.

FILED

May 15, 2000 8:00 am
Secretary of State

05-15-2000 90211 002 ***158.75

Principal Place of Business

5260 PIPING ROCK DRIVE
BOYNTON BEACH FL 33437

Mailing Address

5260 PIPING ROCK DRIVE
BOYNTON BEACH FL 33437-1604

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

650927491

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

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

Name

GARY Little

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

5260 PIPING ROCK DR.

BOYNTON Beach

City

FL

Zip Code

33437-1604

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 Little

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-00

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LITTLE, GARY
STREET ADDRESS 5260 PIPING ROCK DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ST
NAME LITTLE, KATHLEEN A
STREET ADDRESS 5260 PIPING ROCK DRIVE
CITY-ST-ZIP BOYNTON BEACH FL 33437

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CITY-ST-ZIP

☐ Change ☐ 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 Little

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-00

Date

561-733-4772

Daytime Phone #

CR2E034 (9/99)