

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 20, 2000 8:00 am**  
**Secretary of State**  
 07-20-2000 90021 038 \*\*\*150.00

**DOCUMENT #**  
 1. Entity Name *Christine Fitzgerald, P.T., P.A.*  
*DBA Women's Physical Therapy*  
*P99000057209 R*

Principal Place of Business Mailing Address

2. Principal Place of Business  
*245 NE 4th Ave*  
 Suite, Apt. #, etc. *102*  
 City & State *Delray Beach, FL*  
 Zip *33483* Country *US*

3. Mailing Address  
*201 Venetian Dr*  
 Suite, Apt. #, etc. *# 1*  
 City & State *Delray Beach, FL*  
 Zip *33483* Country *US*

4. FEI Number *65 0932326* 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  
 Name *Popkin & Shurpin, P.A.*  
 Street Address (P.O. Box Number is Not Acceptable) *2499 Glades Rd, Ste 114*  
 City *Boca Raton* FL Zip Code *33431*

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. ☐ (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	<input type="checkbox"/> Delete
NAME	<i>Director</i>
STREET ADDRESS	<i>Christine Fitzgerald</i>
CITY-ST-ZIP	<i>245 NE 4th Ave, Ste 102</i>
	<i>Delray Beach, FL 33483</i>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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:** *Christine Fitzgerald* *Christine Fitzgerald* 7/9/00 561-278-6200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**Christine Fitzgerald, PT, P.A.**

Attachment  
DH# 0990206709  
00073073

110 SE Fourth Avenue, Suite 102  
Delray Beach, FL 33483  
561-278-6200

July 9, 2000

Division of Corporations  
POB 6327  
Tallahassee, FL 32314

To Whom It May Concern:

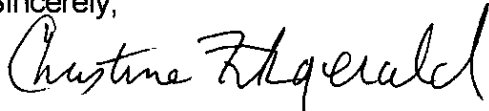
Enclosed are my completed 2000 UBR and a check for \$150.00

This is my first year in business and I was not aware of the need to file an UBR, nor did I receive any notification.

I called your office on a different matter and was told about the UBR. It is my understanding that the late fee may be waived for this first time only.

Thank you for your consideration in this matter.

Sincerely,



Christine Fitzgerald, PT