

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 17, 2000 8:00 am
Secretary of State

08-17-2000 90002 022 ***550.00

DOCUMENT # P99000071827

1. Entity Name

JEFFREY M. DEBITETTO, P.A.



Principal Place of Business

Mailing Address

327 S LAKE CORTEZ DRIVE
 APOPKA FL 32703

327 S LAKE CORTEZ DRIVE
 APOPKA FL 32703-4815

2. Principal Place of Business

2607 Cammellub Trail

3. Mailing Address

2607 Cammellub Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Apopka FL

City & State

Apopka FL

Zip

32712

Country

USA

Zip

32712

Country

USA

4. FEI Number

69-869222

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PURCELL, CHERYL A
 538 N PARRAMORE AVE
 ORLANDO FL 32801

Name

Jeffrey M Debitetto

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

2607 Cammellub Trail

City

Apopka

FL

Zip Code

32712

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

X Jeffrey M Debitetto PA

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

(NOTE: Registered Agent signature required when reinstating)

DATE

X 8-14-00

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 D ☐ Delete
 NAME DEBITETTO, JEFFREY M
 STREET ADDRESS 327 S LAKE CORTEZ DRIVE
 CITY-ST-ZIP APOPKA FL 32703

TITLE D ☒ Change ☐ Addition
 NAME Debitetto, Jeffrey M
 STREET ADDRESS 2607 Cammellub Trail
 CITY-ST-ZIP Apopka FL 32703

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

X Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

X 8-14-00

CR2E034 (9/99)