

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079414

1. Entity Name
SHERYL LAVENDER D.O. P.A.



Principal Place of Business
1855 W HILLSBORO ~~STREET~~
DEERFIELD BEACH FL 33442

Mailing Address
1155 ANCHOR PT.
DELRAY BEACH FL 33444

2. Principal Place of Business
1855 W Hillsboro Blvd
Suite, Apt. #, etc.
Deerfield Bch, FL
City & State

3. Mailing Address
Suite, Apt. #, etc.
City & State



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0938412

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

Zip 33442 Country Broward

Zip 33442 Country USA

6. Name and Address of Current Registered Agent

LAVENDER, SHERYL
1155 ANCHOR PT.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent

Name Sheryl Lavender
Street Address (P.O. Box Number is Not Acceptable)
1155 Anchor Pt
City Delray Bch, FL
Zip Code 33444 FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/24/03

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DS
NAME LAVENDER, SHERYL D.O.P.A.
STREET ADDRESS 1855 W HILLSBORO BLVD
CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
100023357831
09/26/03--01012--026 **550.00

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

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/24/03

Date

(561)542-0188

Daytime Phone #

00875365 AV

CP2E034 (4/03)