

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087468

1. Entity Name

ADVANTAGE RECOVERY BUREAU, INC.

APPROVED
03-02-2000 90103 027 ***150.00
P99000087468

00 JUL 20 AM 9:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
40023024



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1490 S.E. MAGNOLIA AVE. EXT.
OCALA FL 34478-6200

Mailing Address
1490 S.E. MAGNOLIA AVE. EXT.
OCALA FL 34475-9079

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

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

4. FEI Number **65-0960395** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MISKOWIC, MADELINE A MSHA
RADIOLOGY ASSOCIATES OF OCALA, P.A.
1490 S.E. MAGNOLIA AVE. EXT.
OCALA FL 34478-6200

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 file 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	NAME	STREET ADDRESS	CITY-ST-ZIP
	D		
	YAP, MARK A M.D.		
	1490 S.E. MAGNOLIA AVE. EXT.		
	OCALA FL 34478-6200		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)