

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000090195

1. Entity Name

The Doctors Scope Shop, Inc.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90020 022 ***150.00

Principal Place of Business

Mailing Address

8101 Canyon Lake Circle
 Orlando, FL 32835

8101 Canyon Lake Circle
 Orlando, FL 32835

2. Principal Place of Business

1803 Park Center Drive

3. Mailing Address

1803 Park Center Drive

Suite, Apt. #, etc.

Suite #120

Suite, Apt. #, etc.

Suite #120

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3600843

Applied For

Not Applicable

Zip

32811

Country

USA

Zip

32811

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Anthony Alatraste, MD
 8101 Canyon Lake Circle
 Orlando, FL 32835

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

9. This corporation is eligible to satisfy its Intangible Taxing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$350.00
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	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (If 11)

TITLE	P/T	☐ Change ☒ Addition
NAME	Anthony Alatraste, MD	
STREET ADDRESS	8101 Canyon Lake Circle	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE	S	☐ Change ☒ Addition
NAME	Mildred Alatraste	
STREET ADDRESS	8101 Canyon Lake Circle	
CITY-ST-ZIP	Orlando, FL 32835	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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:

Anthony Alatraste
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-00