

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90350 011 ***150.00

DOCUMENT # **P 99000106398** ✓

1. Entity Name

Betty L. Gossett, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2818 N. 46th Avenue

3. Mailing Address
2818 N. 46th Avenue

Suite, Apt. #, etc.
K488

Suite, Apt. #, etc.
K488

DO NOT WRITE IN THIS SPACE

City & State
Hollywood, FL

City & State
Hollywood, FL

4. FEI Number
65-0973423

Applied For
Not Applicable

Zip
33021

Country

Zip
33021

Country

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

7. Name and Address of Current Registered Agent

Name **Betty L. Gossett**

Street Address (P.O. Box Number is Not Acceptable)
2818 N. 46th Avenue

K488

City **Hollywood**

FL

Zip Code
33021

**DO NOT WRITE
IN THIS SPACE**

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	Betty L. Gossett	2818 N. 46th Avenue, K488				
		Hollywood, FL 33021					

**DO NOT WRITE
IN THIS SPACE**

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 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 #

CR2E034B (12/01)