

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25215

1. Entity Name

DIANE E. MCGILL, P.A.

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90105 011 ***150.00

Principal Place of Business

13611 MCGREGOR BLVD.
5
FT. MYERS FL 33919
US

Mailing Address

13611 MCGREGOR BLVD.
SUITE 5
FT. MYERS FL 33919-6042
US

2. Principal Place of Business

DIANE E. MCGILL, P.A.
13611 MCGREGOR BLVD.
SUITE #3
FORT MYERS, FL 33919

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT MYERS, FL 33919

Zip

Country

Zip

Country

4. FEI Number

65-0324791

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIANE E. MCGILL
13611 MCGREGOR BLVD. STE 5
FT. MYERS FL 33919

Name

DIANE E. MCGILL, P.A.

Street Address (P.O. Box Number)

13611 MCGREGOR BLVD.

SUITE #3

City

FORT MYERS, FL 33919

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 reinstating)

DATE

DIANE E. MCGILL

4/27/00

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTT
MCGILL, DIANE E
C/O 13611 MCGREGOR BLVD. STE 5
FT. MYERS FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DIANE E. MCGILL, P.A.
13611 MCGREGOR BLVD.
SUITE #3
FORT MYERS, FL 33919 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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 #

4/27/00 941-481-4866

CR2E034 (9/99)