2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058665

1. Entity Name
STEVEN A. MECKSTROTH, M.D., P.A.

(R)

FILED
Aug 16, 2000 8:00 am
Secretary of State
08-16-2000 90004 042 ***150.00

Principal Place of Business	Mailing Address
28321 S TAMIAMI TRAIL SUITE 2 BONITA SPRINGS FL 33923	28321 S TAMIAMI TRAIL SUITE 2 BONITA SPRINGS FL 33923

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0519932 ☐ 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
JOHNSON, KIMBERLY L 4501 N TAMIAMI TRAIL #300 NAPLES FL 33940	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 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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	P MECHSTROTH, STEVEN M 28321 S TAMIAMI TRAIL BONIA SPRING FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/00)

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 REQUIRED 8/9/2000 941-498-0093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Attachment
DHP94000058665
DW79281

STEVEN A. MECKSTROTH, M.D.

DIPLOMATE, AMERICAN BOARD
INTERNAL MEDICINE AND GASTROENTEROLOGY

Division of Corporations
Dept. of State

8/9/2000

Dear sir:

I did not receive the application for UBR 2000 in January. After discussion with your representative on the telephone it was determined that 150.00 would be adequate payment. This is greatly appreciated. Thank you.

Steve Meckstroth.

BONITA OFFICE
28321 S. TAMIAMI TRAIL • SUITE 2 • BONITA SPRINGS, FL 34134 • TEL: (941) 498-0093 • FAX: (941) 498-0594

NAPLES OFFICE:
848 FIRST AVE., N. • SUITE 220 • NAPLES, FL 34102 • TEL: (941) 261-5355