

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V51400

1. Entity Name
THOMAS J. SULTENFUSS, M.D., P.A.

Principal Place of Business
1022 MAIN STREET
SUITE R
DUNEDIN FL 34698

2. Principal Place of Business
Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

SCHAFER, WALTER L., JR.
2431 ESTANCIA BLVD.
BLDG. C
CLEARWATER FL 34621

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 _____ (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, 2002 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 ☐ Delete
NAME **SULTENFUSS, THOMAS J.**
STREET ADDRESS **102 HARBOR VIEW LANE**
CITY-ST-ZIP **CLEARWATER FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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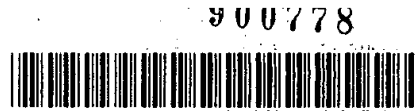
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: Thomas J. Sultenfuss, M.D. Date: 1/7/02 (727) 234-6710

FILED
Jan 15, 2002 8:00 am
Secretary of State

01-15-2002 90039 023 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3134975** Applied For ☐ Not Applicable ☐

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

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

0050281 AV

CR2E034 (9/01)