

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State
 02-28-2001 90028 023 ***150.00

DOCUMENT # P93000041707

1. Entity Name
SHARON LEE STEDMAN, P.A.

Principal Place of Business
SHARON LEE STEDMAN, P.A.
1516 E. HILLCREST ST., SUITE 108
ORLANDO FL 32803

Mailing Address
1516 E HILLCREST ST
#108
ORLANDO FL 32803
US

2. Principal Place of Business
1516 E. Hillcrest St.
 Suite, Apt. #, etc.
108

3. Mailing Address
Same as #2
 Suite, Apt. #, etc.
108

City & State
Orlando, FL
 Zip
32803

Country
Orange

City & State
Orlando, FL
 Zip
32803

Country
Orange

4. FEI Number **59-3189729**

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

STEDMAN, SHARON L
1516 E HILLCREST ST
#108
ORLANDO FL 32803

Name
N/A
 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 _____ (NOTE: Registered Agent's 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, 2001 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 | | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | |
|-------|-------------------|--------------------------|-------------|---------------------------------|-------|------|----------------|-------------|---|
| PD | STEDMAN, SHARON L | 1516 E HILLCREST ST #108 | ORLANDO FL | <input type="checkbox"/> Delete | | | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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

2-23-01

Date

407-894-7844

Daytime Phone #

CR2E034 (10/00)