2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 583533

1. Entity Name

PAUL F. ECKSTEIN, M.D., P.A.

ECKSTEIN, PAUL F

SIGNATURE

11.

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

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NAME

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STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

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CITY-ST-ZIP

CITY-ST-ZIP

PAUL ECKSTEIN M.D. PA 22464 LEWISTON AVE. PORT CHARLOTTE FL 33952

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

ECKSTEIN, PAUL F.

22 W CHEYENNE MOUNTAIN BLVD.

COLORADO SPRINGS CO 80906-4335

(See criteria on back)

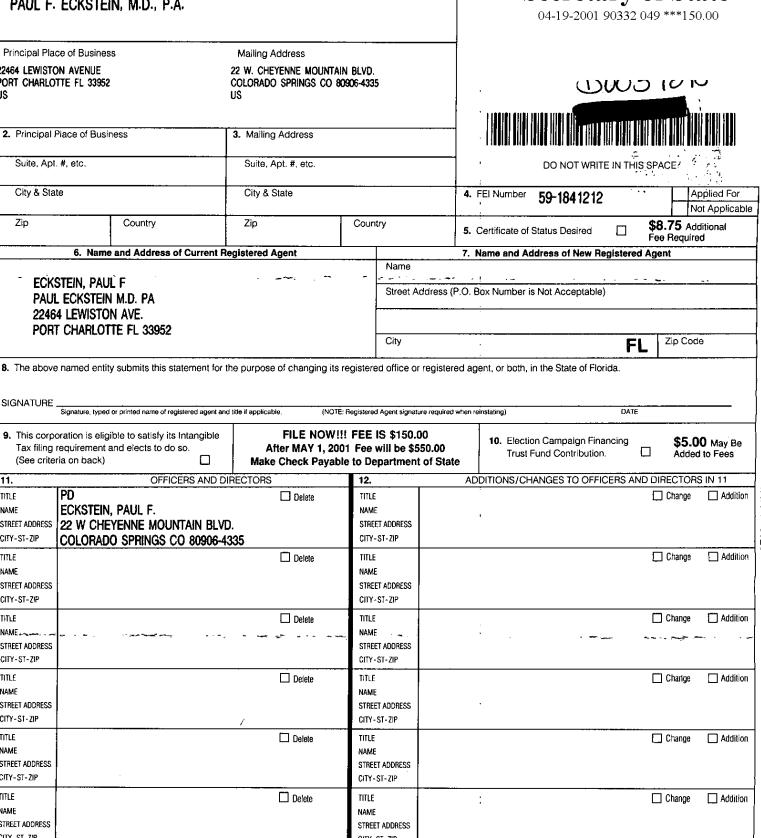
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Principal Place of Business 22464 LEWISTON AVENUE PORT CHARLOTTE FL 33952 US		Mailing Address 22 W. CHEYENNE MOUNTAIN BLVD. COLORADO SPRINGS CO 80906-4335 US		_
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suita, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	

6. Name and Address of Current Registered Agent

OFFICERS AND DIRECTORS

Apr 19, 2001 8:00 am Secretary of State



CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attactment with an address, with all other like empowered.

Name

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

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12.

TITLE

NAME

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NAME STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP TITLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR