

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600908

1. Entity Name

STANLEY M. WIENER M D P A

f

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90097 016 ***150.00

Principal Place of Business

839 SIESTA KEY CIR
SARASOTA FL 34242
US

Mailing Address

839 SIESTA KEY CIR
SARASOTA FL 34242
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1234550

Applied For

Not Applicable

Zip

Country

Zip

Country

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

WIENER, STANLEY M
839 SIESTA KEY CIR
SARASOTA FL 34242

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
PSD
WIENER, STANLEY M
839 SIESTA KEY CIR
SARASOTA FL ☐ Delete

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

STANLEY M. WIENER

Date

Daytime Phone #

CR2E034 (5/00)

Attachment Doc # 6009 408
A0072029

Division of Corporations
P.O.Box 6327
Tallahassee, Florida
32314

August 1, 2000

Stanley M. Wiener, MD, PA
839 Siesta Key Circle
Sarasota, Florida
34242

Dear Sirs,

Enclosed please find a check in the amount of \$150.00 for my PA FEI number 59-1234550.

According to your letter received, the request of payment was in the amount of \$550.00 which I am asking you to reconsider due to the fact that for over 30 years I have always paid the fee on time. This time however, I am late with the payment.

I no longer am in active practice though maintaining the PA the address of which is now my home address. Further, I checked my records and previous mail for your PA billing but was unable to find any mail from your office for this year's payment. I made inquiry by phone and was advised and told to contact your office and submit a check for \$150.00.

Please accept this amount as payment in full.

Yours truly,



Stanley M. Wiener MD.