

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600908

1. Entity Name

STANLEY M. WIENER M D P A

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

Zip

Country

Zip

Country

4. FEI Number 59-1234550

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

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. I am familiar with, and accept the obligations of registered agent.

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, 2002 Fee 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
000006358470--0
-07/12/02--01056--008
*****150.00 *****150.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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
000006358470--0
-07/12/02--01056--009
*****8.75 *****8.75

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #

7/15/02 944-3493400

CR2E034(4/02)



DO NOT WRITE IN THIS SPACE

FILED
02 JUL 10 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Attachment
Doc # 600908

DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500
TALLAHASSEE, FL 32302-1500

STANLEY M. WIENER MD PA
839 SIESTA KEY CIRCLE
SARASOTA, FL 34242

JULY 5, 2002

DEAR SIRs,

I HAVE RECEIVED THE 2002 UNIFORM BUSINESS REPORT FILING FORM
WITH THE REQUEST FOR THE FILING FEE OF \$550 DOLLARS.

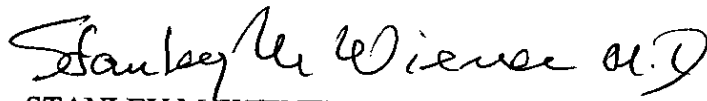
PLEASE NOTE THAT THE PA IS NO LONGER ACTIVE AND HAS BEEN CLOSED
FOR A NUMBER OF YEARS BUT HAS BEEN MAINTAINED AS OPENED FOR
VERY LIMITED AND PERSONAL REASONS.

FURTHER, I HAVE CALLED AND NOTIFIED THE PERSON THAT I HAD NO
INTENTIONS TO BE DELINQUENT BUT FAMILY REPEAT HOSPITALIZATIONS
AN SURGERIES PROBABLY PLAYED A ROLE IN THIS REGARD.

THEREFORE, WOULD YOU PLEASE ACCEPT MY CHECK OF \$150 DOLLARS
AS PAYMENT PLUS ENCLOSED IS THE \$8.75 FOR CERTIFICATE OR NOTICE
OF STATUS.

I DO APPRECIATE YOUR CONSIDERATION IN THIS MATTER.

THANK YOU,


STANLEY M. WIENER MD

(ENCLOSED SIGNED DOCUMENT 600908 AS INSTRUCTED)