

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 610676

1. Entity Name

ERIC R. HARTMAN, P.A.

FILED
Feb 26, 2000 8:00 am
Secretary of State

02-26-2000 90066 049 ***150.00

Principal Place of Business

Mailing Address

813 SW RIVER COURT
P. O. BOX 179
STUART FL 34990
US

813 SW RIVER COURT
P. O. BOX 179
STUART FL 34990-2011
US

2. Principal Place of Business

3. Mailing Address

813 SW RIVER COURT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART FL

City & State

4. FEI Number

59-1900151

Applied For

Not Applicable

Zip

34990

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

HARTMAN, ERIC R
813 S.E. RIVER COURT DRIVE
STUART FL 34990

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 \$150.00
After MAY 1, 2000 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	PTD	<input type="checkbox"/> Delete
NAME	HARTMAN, ERIC R	
STREET ADDRESS	813 S.E. RIVER CRT DR.	
CITY-ST-ZIP	STUART FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	HARTMAN, REBECCA M.	
STREET ADDRESS	813 S.E. RIVER CRT DR.	
CITY-ST-ZIP	STUART FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HARTMAN, JOHN MICHAEL	
STREET ADDRESS	105 SANORA BLVD	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

ERIC R. HARTMAN, P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/00

Date

Daytime Phone #

CP25024 (9/00)