

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 698233

1. Entity Name

ROBERT F. NAGEL, P.A.

FILED
Feb 16, 2000 8:00 am
Secretary of State

02-16-2000 90132 017 ***150.00

Principal Place of Business

Mailing Address

~~4901 BETHEL CREEK DRIVE~~
~~APT. H~~
~~VERO BEACH, FL 32963~~
~~US~~

~~4901 BETHEL CREEK DRIVE~~
~~APT. H~~
~~VERO BEACH, FL 32963-1214~~
~~US~~

2. Principal Place of Business

3. Mailing Address

4408 SUNSET DRIVE

4408 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

VERO BEACH

City & State

VERO BEACH

4. FEI Number

59-2117602

Applied For

Not Applicable

Zip

32963

Country

US

Zip

32963

Country

US

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

NAGEL, ROBERT F.

4901 BETHEL CREEK DRIVE
APT. H
VERO BEACH FL 32963

Name

Street Address (P.O. Box Number is Not Acceptable)

4408 SUNSET DRIVE

City

VERO BEACH

FL

Zip Code
32963

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

Robert F. Nagel

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	DC	<input type="checkbox"/> Delete
NAME	NAGEL, ROBERT F.	
STREET ADDRESS	4901 BETHEL CREEK DRIVE APT. H	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	PS	<input type="checkbox"/> Delete
NAME	NAGEL, ROBERT F.	
STREET ADDRESS	4901 BETHEL CREEK DRIVE, APT. H	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE	DVT	<input type="checkbox"/> Delete
NAME	NAGEL, SUSAN E.	
STREET ADDRESS	4901 BETHEL CREEK DRIVE, APT. H	
CITY-ST-ZIP	VERO BEACH, FL 32963	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4408 SUNSET DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4408 SUNSET DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4408 SUNSET DRIVE	
CITY-ST-ZIP	VERO BEACH, FL 32963	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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:

Susan E. Nagel

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-234-0133

CR2E034 (9/99)