

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90105 009 ***150.00

DOCUMENT # F02400

1. Entity Name

D. ZACCHEO, PH.D., P.A.

Principal Place of Business

**218 E OSCEOLA ST
STUART FL 34994
US**

Mailing Address

**PO BOX 689
STUART FL 34995
US**

2. Principal Place of Business

4541 SW Laurel Oak Terr

3. Mailing Address

Suite, Apt. #, etc.

City & State

Palm City, FL

City & State

Zip

34990

Country

Martin

Country

4. FEI Number

59-2037344

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEINBERG, CHARLES E.

215 S FEDERAL HWY SUITE 101

SUITE 206, 309 E. OSCEOLA STREET

STUART FL 34994

7. Name and Address of New Registered Agent

Name

Zaccheo, Dominic

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

4541 SW Laurel Oak Terr

City

Palm City

FL

Zip Code

34990

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]

Dominic Zaccheo

1/15/02

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, 2002 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

TITLE **PS** ☒ Delete
NAME **ZACCHEO, DOMINIC**
STREET ADDRESS **218 E OSCEOLA ST**
CITY-ST-ZIP **STUART FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** ☒ Change ☐ Addition
NAME **Zaccheo, Dominic**
STREET ADDRESS **4541 SW Laurel Oak Terr**
CITY-ST-ZIP **Palm City, FL 34990**

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

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

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TITLE ☐ Change ☐ 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:

[Signature]

Dominic Zaccheo
President

1/15/02

283-2925

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Day

Daytime Phone #

0569072 AV

CR2E034 (9/01)