

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F12232

1. Entity Name

ANTHONY L. SUTTILE, P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90228 022 ***150.00

Principal Place of Business

Mailing Address

20660 W DIXIE HWY.
20471 NE 10TH PLACE
NO MIAMI BCH FL 33180
US

20660 W DIXIE HWY
20471 NE 10TH PLACE
NO MIAMI BCH FL 33180-1130
US

2. Principal Place of Business

2733 OAKBROOK DRIVE

3. Mailing Address

2733 OAKBROOK DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WESTON, FL

City & State

WESTON, FL

Zip

33332

Country

U.S.

Zip

33332

Country

U.S.

4. FEI Number

59-2113533

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

SUTTILE, ANTHONY L
20660 W DIXIE HWY
NO MIAMI BCH FL 33180

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 PS ☐ Delete
NAME SUTTILE, ANTHONY L
STREET ADDRESS 20660 W DIXIE HWY
CITY-ST-ZIP N MIAMI BCH, FL 00000

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Anthony L. Suttle
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTHONY L. SUTTILE 2/25/00 954-389-9293
Date Daytime Phone #

CR2E034 (9/99)