

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 02, 2000 8:00 am
Secretary of State

08-02-2000 90001 037 ***150.00

DOCUMENT # F15135

1. Entity Name
STEPHEN J. LAGERGREN, M.D., P.A.

R

Principal Place of Business 1713 GARDEN STREET C/O STEPHEN J LAGERGREN MD TITUSVILLE FL 32796	Mailing Address 1713 GARDEN STREET C/O STEPHEN J LAGERGREN MD TITUSVILLE FL 32796
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DO NOT WRITE IN THIS SPACE

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 59-2049081	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

LAGERGREN, STEPHEN J MD
1713 GARDEN STREET
TITUSVILLE FL 32796

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Min. 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	PDC	<input type="checkbox"/> Delete
NAME	LAGERGREN, STEPHEN J MD	
STREET ADDRESS	1713 GARDEN ST.	
CITY-ST-ZIP	TITUSVILLE FL 32796	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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: _____ **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/00

Date

Daytime Phone #

CR2E034 (5/00)

F15135- B0103614
Attachment

STEPHEN J. LAGERGREN M.D.
1713 Garden Street
Titusville, FL. 32796
(321)269-1621

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL. 32302

To Whom This May Concern;

Pursuant to my telephone conversation with Shawn on July 18, 2000, I am enclosing a check in the amount of \$150.00 for payment of the 2000 UBR fee. The first notice for payment of this fee was never received by our office. Therefore, I was informed that the penalty charge would be waived.

Respectfully,



Diane C. Lagergren
Business Manager