

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90154 002 ***150.00

DOCUMENT # F39379
Entity Name
ROBERT W. HATTEMER, P.A.

Principal Place of Business Mailing Address
DR N #100 4851TAMIAMI DR N #100
FL 34103 NAPLES FL 34103-3098

Principal Place of Business 3. Mailing Address
Same Same
Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 59-2095003
Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
HATTEMER, ROBERT W.
4851 TAMIAMI TRAIL N. STE 100
NAPLES FL 34103

7. Name and Address of New Registered Agent
Name Same
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.
Robert W. Hattemer 2-2-00
ROBERT W. HATTEMER President

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

OFFICERS AND DIRECTORS	
<input type="checkbox"/> Delete	DP HATTEMER, ROBERT W 4851 TAMIAMI TRAIL N. STE 100 NAPLES, FL 00000 34103
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	
<input type="checkbox"/> Delete	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: Robert W. Hattemer 2-2-00 941-263-3300
Robert W. Hattemer President Date Daytime Phone #