

2000 UNIFORM BUSINESS REPORT (UBR)

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0536182

DOCUMENT # F43090

1. Entity Name

JOHN P. STANTON, CPA, P.A.

FILED

00 AUG -2 AM 11:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

4515 S FEDERAL HWY
FT PIERCE FL 34982

Mailing Address

~~4515 S FEDERAL HWY~~
~~FT PIERCE FL 34982-7001~~

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6 Sabal Ct.

Stuart, FL

34996

USA

4. FEI Number

59-1874783

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

STANTON, JOHN P
4515 S FEDERAL HWY
FT. PIERCE FL 34982

Name

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

6 Sabal Ct.

City

Stuart

FL

Zip Code

34996

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

John P. Stanton

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7/24/00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD STANTON, JOHN P 4515 S FEDERAL HWY FT PIERCE, FL 00000	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST STANTON, KIM B 4515 S FEDERAL HWY FT. PIERCE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 Sabal Ct. Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6 Sabal Ct. Stuart, FL 34996	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Address only
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400003361894--9 -08/18/00--01039--021 ****150.00 ****150.00	<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kim Stanton, Sec./Treas. 7/24/00 561-286-5900

Date

Daytime Phone #

FILED

John P. Stanton, CPA, P.A.

Certified Public Accountant

8 Sabal Court
Stuart, Florida

(561) 485-1173
FAX: (561) 286-6066

MEMBER: American Institute of Certified Public Accountants
Florida Institute of Certified Public Accountants
AICPA Tax Division
Certificate of Educational Achievement Program
Personal Financial Planning

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July 24, 2000

Division of Corporations
Uniform Business Report Filings
Post Office Box 1500
Tallahassee, FL 32302-1500

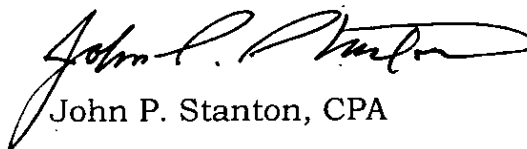
Re: 2000 Uniform Business Report
Entity Name: John P. Stanton, CPA, PA

Ladies and Gentlemen,

Enclosed please find the 2000 Uniform Business Report for the above-captioned corporation along with the filing fee in the amount of \$150.00. We most respectfully request a waiver of late penalty due to the fact that the party responsible for this filing was providing and continues to provide emergency care to their grandmother who is an Alzheimer's patient.

We apologize for any inconvenience this may have caused and remain hopeful that this matter will be resolved in a positive fashion. Thank you, in advance, for your cooperation and we look forward to learning of your decision.

Sincerely,


John P. Stanton, CPA

JPS/kb
Enc.