

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90039 027 \*\*\*150.00

**DOCUMENT # F49778**

1. Entity Name

**PALETSKY & SCHOENFELD, M.D., P.A.**

Principal Place of Business

Mailing Address

**3822 BROADWAY-A  
 FT MYERS FL 33901**

**3822 BROADWAY-A  
 FT MYERS FL 33901**

**B0051741**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**7451 Gladiolus Dr**

3. Mailing Address

**7451 Gladiolus Dr**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft Myers, FL**

City & State

**Ft. Myers, FL**

4. FEI Number

**59-2127335**

Applied For

Not Applicable

Zip

**33908**

Country

**USA**

Zip

**33908**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**DRS. PALETSKY AND SCHOENFELD, P.A.  
 3822 BROADWAY-A  
 FT MYERS FL 33901**

7. Name and Address of New Registered Agent

Name

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

**7451 Gladiolus Dr**

City

**Ft Myers**

**FL**

Zip Code

**33908**

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, 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	DT	<input type="checkbox"/> Delete
NAME	PALETSKY, STEVEN	
STREET ADDRESS	3822 BROADWAY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DP	<input type="checkbox"/> Delete
NAME	SCHOENFELD, LAWRENCE V.	
STREET ADDRESS	3822 BROADWAY A	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DS	<input type="checkbox"/> Delete
NAME	SCHWARTZ, BRIAN	
STREET ADDRESS	3822 BROADWAY	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	ZUCKER, IRA	
STREET ADDRESS	3822 BROADWAY	
CITY-ST-ZIP	FT MYERS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paletsky, Steven	
STREET ADDRESS	7451 Gladiolus Dr	
CITY-ST-ZIP	Ft. Myers, FL 33908	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schoenfeld, Lawrence	
STREET ADDRESS	7451 Gladiolus Dr	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Schwartz, Brian	
STREET ADDRESS	7451 Gladiolus Dr	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Zucker, Ira	
STREET ADDRESS	7451 Gladiolus Dr	
CITY-ST-ZIP	Ft Myers, FL 33908	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/02

Date

(941) 936-2331

Daytime Phone #

CR2E034 (9/01)