

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F56209

1. Entity Name

STEVEN MOHLER, P.A.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90005 040 ***150.00

Principal Place of Business

Mailing Address

% STEVEN MOHLER

1708 21ST ST

VERO BCH FL 32961-7369

P.O. BOX 369

VERO BCH FL 32961

US

2. Principal Place of Business

2100 VERO BEACH AVE.

3. Mailing Address

Suite, Apt. #, etc.

City & State

VERO BEACH, FL

City & State

4. FEI Number 59-2139934

Applied For

Not Applicable

Zip

32960

Country

INDIAN RIVER

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOHLER, STEVEN

1708 21ST ST

VERO BCH FL 32960

7. Name and Address of New Registered Agent

Name

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

2100 VERO BEACH AVE.

City VERO BEACH, FL

FL

Zip Code 32960

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, 2001 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 P
NAME MOHLER, STEVEN
STREET ADDRESS 1708 21ST ST
CITY-ST-ZIP VERO BEACH FL

☐ Delete

TITLE
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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

2100 VERO BEACH AVE
VERO BEACH, FL 32960

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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

Date

Daytime Phone #

CR2E034 (10/00)