

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90497 042 ***150.00

0118047

DOCUMENT # F97125

1. Entity Name

STEVEN D. TISHLER, P.A.

Principal Place of Business

% STEVEN D. TISHLER
 780 DUCK KEY DRIVE
 DUCK KEY FL 33050

Mailing Address

% STEVEN D. TISHLER
 780 DUCK KEY DRIVE
 DUCK KEY FL 33050

00024509



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140 Porto Salvo Drive

Suite, Apt. #, etc.

3. Mailing Address

PO BOX 609

Suite, Apt. #, etc.

City & State

Islamorada, Florida

Zip

33036

Country

USA

City & State

Islamorada, Florida

Zip

33036

Country

USA

4. FEI Number

59-2221151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

TISHLER, STEVEN D
780 DUCK KEY DRIVE
DUCK KEY FL 33050

7. Name and Address of New Registered Agent

Name

Tishler, Steven D.

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

140 Porto Salvo Drive

City

Islamorada

FL

Zip Code
33036

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

3-9-01

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 ☐ Delete
 NAME **DP**
 STREET ADDRESS **TISHLER, STEVEN D**
 CITY-ST-ZIP **786 DUCK KEY DR.**
DUCK KEY FL

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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

Steven D. Tishler, Pres

3/09/01

Daytime Phone #

305 664-4122

CR2E034 (10/00)