

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H84842

1. Entity Name

CHARLES E. STEINBERG, P.A.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90080 050 ***150.00

Principal Place of Business

Mailing Address

3601 SE OCEAN BLVD
201
STUART FL 34996
US

3601 SE OCEAN BLVD
201
STUART FL 33477-1371
US

2. Principal Place of Business

16101 WEST BAY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

16101 WEST BAY DRIVE
Suite, Apt. #, etc.

City & State
JUPITER FL

City & State
JUPITER FL

Zip Country
33477 USA

Zip Country
33477 USA

4. FEI Number 59-2600532

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

STEINBERG, CHARLES E.
215 SO. FEDERAL HWY
STUART FL 33494

Name

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

16101 WEST BAY DRIVE

#165

City Zip Code
JUPITER FL 33477

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 board member (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, 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 P
NAME STEINBERG, CHARLES E.
STREET ADDRESS 3601 SE OCEAN BLVD
CITY-ST-ZIP 16101 WEST BAY DR
STUART FL #165 JUPITER FL 33477

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 supplement 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT

Date

Daytime Phone #

4/1/00 561746 1879