

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State
 04-05-2001 90010 037 ***150.00

DOCUMENT # J59980

1. Entity Name
LARRY C. VON STEIN P.A.

Principal Place of Business

**LARRY VON STEIN PA
 835 BAY POINT DR
 MADEIRA BEACH FL 33708
 US**

Mailing Address

~~8180 PARK BLVD. TOWNHOME #2~~
**835 BAY POINT DR
 MADEIRA BEACH FL 33708
 US**

2. Principal Place of Business

3. Mailing Address

835 BAY POINT DR.

Suite, Apt. #, etc.

N/A

City & State
MADEIRA Bch, FL.

Zip
33708

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2761058**

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

**VON STEIN, LARRY C.
 835 BAY POINT DR
 MADEIRA Bch FL 33708**

Name

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

City

FL

Zip Code

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **VONSTEIN, LARRY C**
 STREET ADDRESS **835 BAY POINT DR**
 CITY-ST-ZIP **MADEIRA BEACH FL 33708**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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

LARRY C VON STEIN 3/27/01

Date

Daytime Phone #

President

727 399 9552

CR2E034 (10/00)