

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L95531

1. Entity Name
HESEL & SCHOENFELD, C.P.A.'S, P.A.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90046 006 ***150.00

Principal Place of Business
6214 PRESIDENTIAL COURT
SUITE F
FORT MYERS FL 33919

Mailing Address
6214 PRESIDENTIAL COURT
SUITE F
FORT MYERS FL 33919

2. Principal Place of Business
8695 COLLEGE PARKWAY

3. Mailing Address
8695 COLLEGE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

STE 205

STE 205

City & State

City & State

FORT MYERS FL

FORT MYERS FL

Zip
33919

Country

Zip
33919

Country

4. FEI Number **65-0210309**

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

HESEL, PATRICIA K.
6214 PRESIDENTIAL COURT
SUITE F
FORT MYERS FL 33919

Name

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

8695 COLLEGE PARKWAY STE 205

City
FORT MYERS

FL

Zip Code
33919

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 **P** ☐ Delete
NAME **HESEL, PATRICIA K.**
STREET ADDRESS **6214 PRESIDENTIAL CT.#F**
CITY-ST-ZIP **FORT MYERS FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **8695 COLLEGE PARKWAY STE 205**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE **VP** ☐ Delete
NAME **SCHOENFELD, LESLIE**
STREET ADDRESS **6214 PRESIDENTIAL CT F**
CITY-ST-ZIP **FT-MYERS, FL**

☒ Change ☐ Addition
TITLE
NAME
STREET ADDRESS **8695 COLLEGE PARKWAY STE 205**
CITY-ST-ZIP **FT MYERS FL 33919**

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

☐ Change ☐ Addition
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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

PATRICIA K HESSEL

Date

(941) 482-0800

Daytime Phone #

CR2E034 (10/00)