

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90056 028 \*\*\*150.00

**DOCUMENT # M67936**

1. Entity Name

**PAUL R. STEADMAN, M.D., P.A.**

Principal Place of Business

**7601 9 STREET N  
 STE C-2  
 ST. PETERSBURG FL 33702  
 US**

Mailing Address

**7601 9 STREET N  
 STE C-2  
 ST. PETERSBURG FL 33702-5200  
 US**

**914023**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**961 Live Oak Ave. NE**

Suite, Apt. #, etc.

3. Mailing Address

**961 Live Oak Ave. NE**

Suite, Apt. #, etc.

City & State

**St. Petersburg, FL**

City & State

**St. Petersburg, FL**

4. FEI Number

**59-2871158**

Applied For

Not Applied

Zip

**33703**

Country

**U.S.A.**

Zip

**33703**

Country

**U.S.A.**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**STEADMAN, PAUL R.  
 961 LIVE OAK AVENUE N.E.  
 ST. PETERSBURG FL 33703**

7. Name and Address of New Registered Agent

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, 2000 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May  
 Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete  
 NAME **STEADMAN, PAUL R.**  
 STREET ADDRESS **961 LIVE OAK AVENUE N.E.**  
 CITY-ST-ZIP **ST. PETERSBURG FL 33703**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐  
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TITLE ☐ Change ☐  
 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**PAUL R. STEADMAN**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2-1-00**

Date

Daytime Phone #