

# 2002 UNIFORM BUSINESS REPORT (UBR)

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**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-17-2002 90041 047 \*\*\*150.00

**DOCUMENT # P00000116938**

1. Entity Name

**ARDEN M. SIEGENDORF, P.A.**

Principal Place of Business

**2640-A MITCHAM DRIVE  
TALLAHASSEE FL 32308**

Mailing Address

**2640-A MITCHAM DRIVE  
TALLAHASSEE FL 32308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1064822**

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

Name

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

City

**FL**

Zip Code

**CARROLL AND COMPANY, CPA'S PA  
2640-A MITCHAM DRIVE  
TALLAHASSEE FL 32308**

9. 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, 2002 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 **PSTD**  
STREET ADDRESS **SIEGENDORF, ARDEN M**  
CITY-ST-ZIP **108 LAKESHORE DRIVE UNIT 1139  
NORTH PALM BEACH FL 33408**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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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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CITY-ST-ZIP

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CITY-ST-ZIP

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 stat  
indicated on this report or supplemental report is true and accurate and that my signature shall h  
of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, or  
changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Arden,  
Please Sign  
this and mail it  
in the attached  
envelope  
Michelle

Formation  
& director  
Block 12 if

CR2E034 (9/01)