

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2003 8:00 am**  
**Secretary of State**

05-13-2003 90045 026 \*\*\*150.00

DOCUMENT # P01000039560

1. Entity Name

DANAE RUBENZER, L.M.T., P.A.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4210 Breezeway Blvd

Suite, Apt. #, etc.

# 423

City & State  
Sarasota, FL

Zip  
34238

Country

3. Mailing Address

4210 Breezeway Blvd

Suite, Apt. #, etc.

#423

City & State  
Sarasota, FL

Zip  
34238

Country

4. FEI Number

65-1098216

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Danae Rubenzer

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

4210 Breezeway Blvd

City

Sarasota

FL

34238

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature; typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	Danae Rubenzer	4210 Breezeway Bl, #423	Sarasota, FL 34238

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Danae Rubenzer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Danae Rubenzer 4-9-03

Date

Daytime Phone #

CR2E034B (12/02)