

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 10, 2002 8:00 am
Secretary of State

06-10-2002 90464 013 ***150.00

DOCUMENT # P01000046948

1. Entity Name

JOEL THOMAS SIVERTSEN, P.A.

Principal Place of Business

**3299 MEADOW RUN CIR.
VENICE FL 34293**

Mailing Address

**3299 MEADOW RUN CIR.
VENICE FL 34293**

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

04-3592750

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

**SIVERTSEN, JOEL T
3299 MEADOW RUN CIR.
VENICE FL 34293**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **SIVERTSEN, JOEL T**
STREET ADDRESS **3299 MEADOW RUN CIR.**
CITY-ST-ZIP **VENICE FL 34293**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Joel T. Sivertsen
Joel T. Sivertsen

6-4-2002

941-485-5421

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

Attached
#P01000046948
117386

Joel Thomas Sivertsen, P.A.
3299 Meadow Run Circle
Venice, FL 34293

June 4, 2002

Division Of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: LATE IN FILING MY FIRST UBR

Dear Division of Corporations:

I incorporated for the very first time last year. I am an S-Corporation.

I simply did not remember to file the URB that I received from you and had placed in my corporation file folder. I have never been a corporation before and just did not remember to do this the first time.

I know this is not a great excuse and I will not allow this to happen again. I would like to ask that I might be allowed to forgo the payment of the \$400.00 late fee for not remembering this important deadline this first time.

I have enclosed the \$150.00 filing fee made payable to the Florida Dept. of State.

Thank you very much for your consideration and I look forward to having my S-Corporation active in the State of Florida for many years to come.

Sincerely,



Joel T. Sivertsen

Enclosures