

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91519 017 ***150.00

DOCUMENT # P01000064607

1. Entity Name

Gary K. Oldehoff, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27 E. Ocean Blvd.

3. Mailing Address

27 E. Ocean Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

Zip

34994

Country

USA

Zip

34994

Country

USA

4. FEI Number

65-1085420

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Gary K. Oldehoff

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

27 E. Ocean Blvd.

City

Stuart

FL

Zip Code
34994

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 P/D
NAME Gary K. Oldehoff
STREET ADDRESS 27 E. Ocean Blvd., Stuart, FL
CITY-ST-ZIP 34994

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S/D
NAME Julie K. Oldehoff
STREET ADDRESS 27 E. Ocean Blvd.
CITY-ST-ZIP Stuart, FL 34994

TITLE
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Julie K. Oldehoff

Julie K. Oldehoff

4-17-02

(772) 219-2366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)