

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90217 036 ***150.00

DOCUMENT # P93000029633

1. Entity Name

WALTER R. TRENSCHEL, PH.D., P.A.

Principal Place of Business

Mailing Address

~~% P.O. BOX 9764~~
~~CORAL SPRINGS FL 33075~~
~~US~~

New
↓

~~% P.O. BOX 9764~~
~~CORAL SPRINGS FL 33075~~
~~US~~

NEW
↓

903565



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5505 N. OCEAN BLVD.

5505 N. OCEAN BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

LANCASTER #209

LANCASTER #209

City & State

City & State

OCEAN RIDGE, FLORIDA

OCEAN RIDGE, FLORIDA

Zip

Country

Zip

Country

33435

U.S.A.

33435

U.S.A.

4. FEI Number

65-0410805

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

TRENSCHAL, WALTER R
7232 SOLANDRA LN
TAMARAC FL 33321

NEW OFFICE
MAILING ADDRESS ONLY
(SAME AGENT)

Name

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

5505 N. OCEAN BLVD.

LANCASTER #209

City

OCEAN RIDGE

FL

Zip Code

33435

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

WALTER R. TRENSCHAL, PH.D., P.A. *Walter Renschel*

DATE

1/14/01

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	D			
	TRENSCHAL, WALTER R	7232 SOLANDRA LANE	TAMARAC FL 33321	NEW OFFICE MAILING ADDRESS ONLY (SEE ABOVE)
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

WALTER R. TRENSCHAL, PH.D., P.A.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/14/01 (954) 413-0803

Daytime Phone #

CR2E034 (10/00)