

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

037984 AV

DOCUMENT # P93000029633

1. Entity Name

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

04-17-2002 90085 029 ***150.00

Principal Place of Business

**5505 N OCEAN BLVD
 LANCASTER #209
 OCEAN RIDGE FL 33435
 US**

Mailing Address

**5505 N OCEAN BLVD
 LANCASTER #209
 OCEAN RIDGE FL 33435
 US**



2. Principal Place of Business

5505 N. OCEAN BLVD

Suite, Apt. #, etc.

LEXINGTON #101

3. Mailing Address

5505 N. OCEAN BLVD.

Suite, Apt. #, etc.

LEXINGTON #101

DO NOT WRITE IN THIS SPACE

City & State

OCEAN RIDGE, FL.

City & State

OCEAN RIDGE, FL.

4. FEI Number

65-0410805

Applied For

Not Applicable

Zip

33435

Country

U.S.A.

Zip

33435

Country

U.S.A.

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TRENSCHAL, WALTER R
 5505 N OCEAN BLVD
 LANCASTER #209
 OCEAN RIDGE FL 33435**

7. Name and Address of New Registered Agent

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

TITLE **D** ☐ Delete
 NAME **TRENSCHEL, WALTER R**
 STREET ADDRESS **5505 N OCEAN BLVD LANCASTER #209**
 CITY-ST-ZIP **OCEAN RIDGE FL 33435**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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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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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. Trenchel* [WALTER R. TRENSCHEL] 4/6/02 (954) 413-0803

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)