

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

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90041 018 ***150.00

DOCUMENT # P93000049724

1. Entity Name

SEYMOUR S. STEIN, PH.D., P.E. & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5200 N. Ocean Dr.

3. Mailing Address
5200 N. Ocean Dr.

Suite, Apt. #, etc.
#21A

Suite, Apt. #, etc.
#21A

City & State
Singer Island, FL

City & State
Singer Island, FL

4. FEI Number
65-0455953

Applied For
Not Applicable

Zip
33404

Country
USA

Zip
33404

Country
USA

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 STEIN, SEYMOUR S.

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

5200 N. Ocean Dr., #21A

City Singer Island, FL Zip Code
33404

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 \$81.25
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
NAME
D
Stein, Seymour S.
STREET ADDRESS
5200 N. Ocean Dr., Singer Island, FL 33404
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
D
Stein, Lucille R.
STREET ADDRESS
5200 N. Ocean Dr., Singer Island, FL 33404
CITY - ST - ZIP

TITLE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/03 561 8450870
Date Daytime Phone #

CR2E034B (12/01)