

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000059906

1. Entity Name

EDWARD J. SCHEEL, M.D., P.A.

FILED
May 09, 2000 8:00 am
Secretary of State

05-09-2000 90064 027 ***150.00

Principal Place of Business

Mailing Address

1701 S.E. HILLMOOR DR.

1701 S.E. HILLMOOR DR

STE. 19

STE. 19

PORT ST. LUCIE FL 34952

PORT ST. LUCIE FL 34952-7552

US

2. Principal Place of Business

3. Mailing Address

1801 SE Hillmoor Dr

1801 SE Hillmoor Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste A 101

Ste A 101

City & State

City & State

Port St Lucie, FL

Port St. Lucie, FL

Zip

Zip

Country

Country

34952

USA

34952

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHEEL, EDWARD J

1701 SE HILLMOOR DR.

STE. 19

PORT ST. LUCIE FL 34952

Name

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

1801 SE Hillmoor Dr

Ste A 101

City

Port St. Lucie

FL

Zip Code

34952

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, 2000 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	PSD	<input type="checkbox"/> Delete
NAME	SCHEEL, EDWARD J	
STREET ADDRESS	1701 SE HILLMOOR DR., STE. 19	
CITY-ST-ZIP	PORT ST. LUCIE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1801 SE Hillmoor Dr Ste A 101	
CITY-ST-ZIP	Port St. Lucie, FL 34952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)