

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000079047**

1. Entity Name

ROBERT S. WANE, D.P.M. P.A.



03 JUL 16 PM 7:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

**9030 W FT ISLAND TRAIL
SUITE 7
CRYSTAL RIVER FL 34429**

Mailing Address

**9030 W FT ISLAND TRAIL
SUITE 7
CRYSTAL RIVER FL 34429**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3208413

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WANE, ROBERT (D.P.M.)
8461 CRANE'S ROOST DRIVE
NEW PORT RICHEY FL 34654**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

**After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P WANE, ROBERT S D.P.M.**
STREET ADDRESS **9030 WEST FORT ISLAND TR., SUITE 7**
CITY-ST-ZIP **CRYSTAL RIVER FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**300021966473
08/01/03--01004--003 **150.00**

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

Attachment #P930000-2

CRYSTAL RIVER FOOT CARE

ROBERT S. WANE, D.P.M., P.A.

ROBERT J. WARD, D.P.M.

9030 W. Ft. Island Trl., Ste. 7

Crystal River, FL 34429

Telephone: (352) 795-2142

7/10/03

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

To whom it may concern:

I am in receipt of this second report even though I previously filed on 5/7/03. I filed this report originally on 5/7/03 along with my check (Regions Bank, Acct # 5651430696, ck# 3363). I have not received the canceled check in my statements and my bank has no record of the check being returned. I was unable to obtain help by phone because none of the pre-recorded messages addressed my problem specifically. Being unable to speak to someone for guidance, I decided to re-fill out this report and issue a new check. I have sent this with delivery confirmation, to insure receipt this time. I am hoping you will reconsider this additional \$400.00 penalty fee that has been imposed on me.

Thank you for your time and consideration.

Sincerely,



Robert Wane, D.P.M.

