

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000024780

1. Entity Name

JOHN E. STAMPS, P.A.

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90074 030 ***150.00

Principal Place of Business

1937 GRACE AVENUE
FORT MYERS FL 33901

Mailing Address

1937 GRACE AVENUE
FORT MYERS FL 33901

2. Principal Place of Business

9541 Cypress Lake DR

Suite, Apt. #, etc.
Suite 5

3. Mailing Address

9541 Cypress Lake DR

Suite, Apt. #, etc.
Suite 5

City & State

Fort Myers, FL

City & State

Fort Myers, FL

Zip

33919

Country

LEE

Zip

33919

Country

LEE

4. FEI Number

65-0475544

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STAMPS, JOHN E
1937 GRACE AVENUE
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name

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

9541 Cypress Lake DR, Suite 5

Fort Myers, FL

City

FL

Zip Code
33919

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.

John E. Stamps

4/9/2001

DATE

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PD
NAME JOHN E. STAMPS ☐ Delete
STREET ADDRESS 1937 GRACE AVE
CITY-ST-ZIP FT. MYERS FL

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **9541 Cypress Lake Drive, Suite 5**
CITY-ST-ZIP **Fort Myers, FL 33919**

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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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

John E. Stamps, PD 4/9/2001 941-275-9997

Date

Daytime Phone #

CR2E034 (10/00)