

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90010 015 ***150.00

DOCUMENT # P94000081501

1. Entity Name

ED BUNTMAN, P.A.

Principal Place of Business

**862 LEMON GRASS LANE
WEST PALM BEACH FL 33414**

Mailing Address

**862 LEMON GRASS LANE
WEST PALM BEACH FL 33414**

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

65-0546924

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNTMAN, ED INC

862 LEMON GRASS LANE

WEST PALM BEACH FL 33414

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
BUNTMAN, ED INC.
862 LEMON GRASS LANE
WEST PALM BEACH FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 (9/01)

Attachment
P94 000081501
TAXPAYER'S INSTRUCTION

Date 749186 3/2 19

TO Ed Buntman La.

ENCLOSED herewith is your ☒ Annual ☐ Quarterly ☐ Monthly ☐

FEDERAL

- ☐ Individual Income Tax Return
- ☐ Declaration of Estimated Tax
- ☐ Corporation Income Tax Return
- ☐ Partnership Income Tax Return
- ☐ Fiduciary Income Tax Return
- ☐ Social Security Tax Return (941)
- ☐ Unemployment Tax Return (940)
- ☐ _____

STATE *fla*

- ☐ Individual Income Tax Return
- ☐ Declaration of Estimated Tax
- ☐ Corporation Income Tax Return
- ☐ Partnership Income Tax Return
- ☐ Annual Report
- ☒ Business Activity Return
- ☐ Sales Tax Report
- ☐ Unemployment Tax Return
- ☐ Intangible

OTHER

- ☐ City _____ Return
- ☐ Township _____ Return
- ☐ County _____ Return
- ☐ _____ Return
- ☐ _____ Return

SIGNATURES Please see that the return is signed and dated where indicated by:

- ☐ You
- ☐ Your wife
- ☐ Your Partner

- ☒ President
- ☐ Secretary
- ☐ Treasurer

- ☐ Officer _____
- ☐ _____
- ☐ _____

SPECIAL INSTRUCTIONS ☐ Attach W-2 Withholding Statement(s) ☐ Affix Corporate seal ☐ Have it notarized
☐ Please also sign attached

AMOUNT ☐ No remittance is necessary
☐ Overpayment is being refunded
☐ Overpayment is being credited to this year's estimated tax.

Remit by check or money order as follows:

- ☒ In full
- ☐ In installments as indicated
- ☐ _____

DATE DUE

ON OR BEFORE	MAKE REMITTANCE TO	MAIL TO	AMOUNT
<i>Upon receipt</i> April 15, 19	<i>Department of State</i>	<i>Envelope Attached</i>	<i>150</i>
June 15, 19			
Sept. 15, 19			
Jan. 15, 19			
Mar. 15, 19			

MAIL Mail original return with remittance before due date. To avoid late filing penalties use plenty of postage (some authorities do not accept mail with postage due) and file or mail before due date.

This return has been prepared from information furnished and it is possible in the case of the Declaration of Estimated Tax that the financial position will change during the year. For this reason it is important to review your income status prior to quarterly due dates so that an amended estimate may be filed if required. Please advise us if this becomes necessary.

GERSON PLOTNICK, CPA