

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035418

1. Entity Name

R. STEPHEN OTTEWELL, P.A.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90190 042 ***150.00

Principal Place of Business

5301 N. FEDERAL HWY.
 STE. 200
 BOCA RATON FL 33487

Mailing Address

5301 N. FEDERAL HWY.
 STE. 200
 BOCA RATON FL 33487-4910

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

Country

33429-0564

Country

USA

4. FEI Number

65-0660577

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

OTTEWELL, R. STEPHEN
 5301 N. FEDERAL HWY. STE 200
 BOCA RATON FL 33487

Name

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

City

FL

Zip Code

33487

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	PVTS	<input checked="" type="checkbox"/> Delete
NAME	OTTEWELL, R. STEPHEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6100 GLADES RD., STE. 204	<input checked="" type="checkbox"/> Delete
CITY-ST-ZIP	BOCA RATON FL 33487	<input checked="" type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE		<input type="checkbox"/> Delete
NAME		<input type="checkbox"/> Delete
STREET ADDRESS		<input type="checkbox"/> Delete
CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE	PVTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ottewell, R. Stephen	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5301 N. Federal Hwy. Suite 200	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	Boca Raton, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 (9/99)