

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90377 031 ***150.00

DOCUMENT # P96000035418

1. Entity Name
R. STEPHEN OTTEWELL, P.A.

Principal Place of Business

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

Mailing Address

**PO BOX 564
 SUITE 130
 BOCA RATON FL 33429-0564**

80089419



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5301 N. Federal Hwy

Post Office Box 564

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 130

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip **33487** Country **USA**

Zip **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

OTTEWELL, R. STEPHEN

**5301 N. FEDERAL HWY. STE. 200
 SUITE 130
 BOCA RATON FL 33487**

**5301 N. FEDERAL HWY
 SUITE #130
 BOCA RATON FL 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 *R. Stephen Ottewell*
 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 **PVTS**
 NAME **OTTEWELL, STEPHEN R**
 STREET ADDRESS **5301 N. FEDERAL HWY STE 200**
 CITY-ST-ZIP **BOCA RATON FL 33487** **(130)** ☐ Delete

TITLE
 NAME
 STREET ADDRESS **5301 N. Federal Hwy Suite 130** ☒ Change ☐ Addition
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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 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: *R. Stephen Ottewell*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-02 5618833095

Date

Daytime Phone #

CR2E034 (9/01)