

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 20, 2001 8:00 am
Secretary of State

02-20-2001 90012 001 ***150.00

DOCUMENT # P96000043349

1. Entity Name

STEVEN M. STOLL, P.A.

Principal Place of Business

Mailing Address

**ONE EAST BROWARD BLVD. SUITE 905
FT. LAUDERDALE FL 33316-1360**

**1117 PONCE DE LEON DRIVE
FORT LAUDERDALE FL 33316-1360
US**

2. Principal Place of Business

**3696 N Federal Highway
Suite, Apt. #, etc.
Suite 300**

3. Mailing Address

**3696 N Federal Highway
Suite, Apt. #, etc.
Suite 300**

City & State

**Fort Lauderdale, FL
Zip
33308
Country
USA**

City & State

**Fort Lauderdale, FL
Zip
33308
Country
USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0679064

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

**STOLL, STEVEN M
1117 PONCE DE LEON DRIVE
FT. LAUDERDALE FL 33316-1360**

Name

**Steven M. Stoll
Street Address (P.O. Box Number is Not Acceptable)
3696 N Federal Highway, Suite 300**

City

Fort Lauderdale

FL

Zip Code

33308

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.

By: [Signature] President Steven M. Stoll 2/6/01
SIGNATURE (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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST STOLL, STEVEN M 1117 PONCE DE LEON DRIVE FT. LAUDERDALE FL 33316-1360	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST Steven M. Stoll 3696 North Federal Highway, Suite 300 Fort Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS 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 entries.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01 Date

(954) 745-3550 Daytime Phone #

CR2E034 (10/00)