

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000016244

1. Entity Name

NANCY J. STUMPF, PA

FILED
Aug 15, 2000 8:00 am
Secretary of State

08-15-2000 90014 007 ***150.00

Principal Place of Business

12635 CHICAGO AVE.
HUDSON FL 34669

Mailing Address

12635 CHICAGO AVE.
HUDSON FL 34669

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

59-3436728

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

DORSEY, DAVID A CPA
5618 GRAND BLVD.
NEW PORT RICHEY FL 34652

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME PD
STREET ADDRESS STUMPF, NANCY J
CITY-ST-ZIP 12635 CHICAGO AVE.
HUDSON FL 34669

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

TITLE ☐ Delete
NAME TS
STREET ADDRESS STUMPF, ROBERT A
CITY-ST-ZIP 12635 CHICAGO AVE.
HUDSON FL 34669

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

attachment # p97000016244 DW29144

Nancy J. Stumpf, P.A.
12635 Chicago Ave.
Hudson, FL 34669-3775
Telephone (727) 861-1700

August 3, 2000

Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Subject: Nancy J. Stumpf, P.A.
2000 Uniform Business Report

Dear Sir:

Enclosed please find a check for \$150.00 and a signed 2000 (UBR) for Nancy J. Stumpf, P.A. FEI#59-3436728. After receiving a second notice I called your assistance line, and explained I never received the first notice. They advised me to include the payment and this letter of explanation for the delay in filing this report. I am requesting that you abate any penalties due on this report.

Please contact me with your reply at your convenience.

Sincerely,



Nancy J. Stumpf, P.A.