

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019023

1. Entity Name

STEPHEN M. STRADER, P.A.

FILED

Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90506 041 ***150.00

Principal Place of Business

P.O. BOX 351636
PALM COAST FL 32135-1636

Mailing Address

P.O. BOX 351636
PALM COAST FL 32135-1636

2. Principal Place of Business

38 Forge LN
Suite, Apt. #, etc.

3. Mailing Address

38 Forge LN
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Palm Coast FL

City & State
Palm Coast, FL

4. FEI Number 59-3455141

Applied For
Not Applicable

Zip Country
32137-8449 Flagler

Zip Country
32137-8449 Flagler

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

DONALD W. DUNCAN, P.A.
25 FLORIDA PARK DRIVE
PALM COAST FL 32137

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, 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
D
STRADER, STEPHEN M
38 FORGE LN
PALM COAST FL 32137 ☐ 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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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

3/14/01
Date

(904) 445-0292
Daytime Phone #

CR2E034 (10/00)