

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 11, 2002 8:00 am
Secretary of State

04-11-2002 90704 013 ***150.00

DOCUMENT # P97000080489

1. Entity Name

REGINALD G. STAMBAUGH, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
180 Royal Palm Way

Suite, Apt. #, etc.

Suite 201

City & State

Palm Beach, FL

3. Mailing Address

180 Royal Palm Way

Suite, Apt. #, etc.

Suite 201

City & State

Palm Beach, FL

4. FEI Number

65-0779893

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Reginald G. Stambaugh

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

180 Royal Palm Way

Suite 201

City

Palm Beach

FL

Zip Code
33480

**DO NOT WRITE
IN THIS SPACE**

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25**

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

TITLE	President
NAME	Reginald G. Stambaugh
STREET ADDRESS	180 Royal Palm Way Suite 201
CITY- ST- ZIP	Palm Beach, FL 33480
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
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CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-02 (561) 832-0272

CR2E034B (12/01)