

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 25, 2002 8:00 am
Secretary of State

06-25-2002 90437 036 ***158.75

DOCUMENT # P97000107151

1. Entity Name
RICHARD S. STONER, M.D., P.A.

Principal Place of Business

**7195 SE 12TH CIRCLE
 OCALA FL 34480-6654**

Mailing Address

**7195 SE 12TH CIRCLE
 OCALA FL 34480-6654**

2. Principal Place of Business

9097 SE 7TH AVE RD

3. Mailing Address

9097 SE 7TH AVE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
OCALA, FL

City & State
OCALA, FL

4. FEI Number

59-3487422

Applied For

Not Applicable

Zip

Country

USA

Zip

Country

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STONER, RICHARD S
 7195 SE 12TH CIRCLE
 OCALA FL 34480-6654**

7. Name and Address of New Registered Agent

Name
9097 SE 7TH AVE RD
 Street address (P.O. Box number is not acceptable)
OCALA **FL** **34480**

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, 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

TITLE **D** ☐ Delete
 NAME **STONER, RICHARD S**
 STREET ADDRESS **7195 SE 12TH CIRCLE**
 CITY-ST-ZIP **OCALA FL 34480-6654**

TITLE **D** ☐ Delete
 NAME **STONER, LIBERA M**
 STREET ADDRESS **7195 SE 12TH CIRCLE**
 CITY-ST-ZIP **OCALA FL 34480-6654**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D/P/T** ☒ Change ☐ Addition
 NAME **9097 SE 7TH AVE RD**
 STREET ADDRESS **OCALA, FL 34480**
 CITY-ST-ZIP

TITLE **D/S** ☒ Change ☐ Addition
 NAME **9097 SE 7TH AVE RD**
 STREET ADDRESS **OCALA, FL 34480**
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Richard Stoner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 June 02 (352) 854-0467

Date

Daytime Phone #

CR2E034 (9/01)

Untitled

Attachment
Document #
097000107151
118361

To: Dept. of State
Division of Corporations
From: Richard S. Stoner MDPA

18 June 02

Dear Sir,

This letter is in follow-up to our conversation today. Because of the sale of my home and office, and temporary residence in an apartment, I have just today become aware that the UBR was past due. Please accept my check for \$158.75 which is enclosed. If there is any problem please contact me. My new address:

Richard S. Stoner MDPA
9097 SE 7th Ave, Rd,
Ocala, FL 34480

Sincerely,


Rick Stoner