

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000001587

1. Entity Name

STEVEN MARK WHEELER, P.A.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90069 005 ***150.00

0040867

Principal Place of Business Mailing Address
570 CRANES WAY 5009 SWEET LEAF CT. 570 CRANES WAY 5009 SWEET LEAF CT.
STE 238 STE 238
ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
ABOVE ABOVE
Suite, Apt. #, etc. Suite, Apt. #, etc.
NA NA
City & State City & State
ABOVE ABOVE
Zip Country Zip Country
4 UNITED STATES 4 UNITED STATES

4. FEI Number 59-3486072 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
WHEELER, STEVEN M
570 CRANES WAY STE #238 5009 SWEET LEAF CT.
ALTAMONTE SPRINGS FL 32701 ALTAMONTE SPG, FL 32714
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 *Steven M Wheeler* 4/12/01
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 WHEELER, STEVEN M 570 CRANES WAY STE #238 5009 SWEET LEAF CT. ALTAMONTE SPRINGS FL 32701 32714 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Steven M Wheeler P.A.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01
Date

407-293-9926
Daytime Phone #

CR2E034 (10/00)