

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90077 042 ***150.00

DOCUMENT # P98000001840

1. Entity Name

STEPHEN L. SEFTENBERG, P.A.

Principal Place of Business

**2800 N. FLAGLER DR., STE. 205
W. PALM BEACH FL 33407**

Mailing Address

**2800 N. FLAGLER DR., STE. 205
W. PALM BEACH FL 33407**

2. Principal Place of Business

2765 WHITE WING LANE

3. Mailing Address

2765 WHITE WING LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH

City & State

WEST PALM BEACH

4. FEI Number

65-0808792

Applied For

Not Applicable

Zip

33409-2203

Country

PALM BEACH

Zip

33409-2203

Country

WEST PALM BEACH

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEFTENBERG, STEPHEN L
2800 N. FLAGLER DR., STE. 205
W. PALM BEACH FL 33407**

7. Name and Address of New Registered Agent

Name **STEPHEN L. SEFTENBERG**

Street Address (P.O. Box Number is Not Acceptable)
2765 WHITE WING LANE

City **WEST PALM BEACH**

FL

Zip Code **33409-2203**

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

Stephen L. Seftenberg

01/15/02

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 NAME STREET ADDRESS CITY - ST - ZIP	D SEFTENBERG, STEPHEN L 2800 N. FLAGLER DR., STE. 205 W. PALM BEACH FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR - PRESIDENT STEPHEN L. SEFTENBERG 2765 WHITE WING LANE WEST PALM BEACH, FL 33409-2203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Stephen L. Seftenberg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/15/02

Date

(561) 689-7785

Daytime Phone #

CR2E034 (9/01)