

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90047 041 ***150.00

DOCUMENT # P98000023036

1. Entity Name
ADELE STEINBERGER, P.A.

Principal Place of Business

**2133 VINING CIRCLE
 WELLINGTON FL 33410
 US**

Mailing Address

**C/O DAVID NOVAK, CPA
 849 20TH STREET
 VERO BEACH FL 32960
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1517 Barrymore Ct
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

Zip

33414-2155

Country

Palm Beach

Zip

Country

4. FEI Number

65-0811347

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**STEINBERGER, ADELE
 2133 VINING CIRCLE
 WELLINGTON FL 33410**

7. Name and Address of New Registered Agent

Name

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

1517 Barrymore Ct

City

Wellington

FL

Zip Code

33414

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 **P** ☐ Delete
 NAME **STEINBERGER, ADELE**
 STREET ADDRESS **2133 VINING CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33410**

TITLE **S** ☐ Delete
 NAME **NOVAK, FRAN**
 STREET ADDRESS **1455 CORONA LANE**
 CITY-ST-ZIP **VERO BEACH FL 32963**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **1517 Barrymore Ct**
 CITY-ST-ZIP **Wellington, FL 33414**

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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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: **FRAN NOVAK** **REQUIRE** **Novak** **Sec'y** **1/20/02** **561 778 5100**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)