

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000066212

1. Entity Name

LAW OFFICE OF MARC S. STEINBERG, P.A.

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90084 038 ***150.00

Principal Place of Business

Mailing Address

984 SOUTH FLORIDA AVENUE
ROCKLEDGE FL 32955

984 SOUTH FLORIDA AVENUE
ROCKLEDGE FL 32955-2100



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1980 North Atlantic Avenue
Suite Apt. #, etc.
405 - Suite

1980 North Atlantic Avenue
Suite Apt. #, etc.
405 - Suite

City & State
Cocoa Beach FL

City & State
Cocoa Beach FL

4. FEI Number
59-3577179

Applied For
Not Applicable

Zip
32931

Country
Brevard

Zip
32931

Country
Brevard

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

STEINBERG, MARC S
984 SOUTH FLORIDA AVENUE
ROCKLEDGE FL 32955

Name
Steinberg, Marc S
Street Address (P.O. Box Numbers Not Acceptable)
1980 North Atlantic Avenue
Suite 405
City
Cocoa Beach FL Zip Code
32931

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 Marc S. Steinberg, President January 31, 2000
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, 2000 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	PSTD STEINBERG, MARC S 984 SOUTH FLORIDA AVENUE ROCKLEDGE FL 32955	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD Steinberg, Marc S 1980 North Atlantic Avenue, Suite 405 Cocoa Beach, FL 32931	<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
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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: MARC S. STEINBERG, President 1-31-00 (321) 784-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)