

2000 UNIFORM BUSINESS REPORT (UBR)

4/7

DOCUMENT # P98000088418

1. Entity Name

M. RUTH NENTWIG, PH.D., INC.

Principal Place of Business

Mailing Address

3000 CAREFREE BOULEVARD, G-84
FT. MYERS FL 33917

3000 CAREFREE BOULEVARD, G-84
FT. MYERS FL 33917-7135

2. Principal Place of Business

1500 Colonial Blvd.

3. Mailing Address

1500 Colonial Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 235

Suite 235

City & State

City & State

FT. MYERS, FL

FT. MYERS, FL

Zip
33907

Country
USA

Zip
33907

Country
USA

4. FEI Number

6500879216

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

NENTWIG, M. RUTH PH.D.
3000 CAREFREE BOULEVARD, G-84
FT. MYERS FL 33917

Name

Street Address

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

M. Ruth Nentwig, Ph.D.

4/2/00

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	Owner/Director M. Ruth Nentwig, Ph.D. 1500 colonial Blvd, Suite 235 FT. MYERS, FL 33907	<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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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:

M. Ruth Nentwig Ph.D. 4/3/00 (941) 936-1366

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)