

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

03-13-2001 90075 005 ***150.00

DOCUMENT # P98000088418

1. Entity Name

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

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

6719 Winkler Rd.

Suite, Apt. #, etc.

Suite 114

City & State

Ft Myers FL

Zip

33919

Country

USA

3. Mailing Address

6719 Winkler Rd

Suite, Apt. #, etc.

Suite 114

City & State

Ft. Myers, FL

Zip

33919

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0879216**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **M. Ruth Nentwig, Ph.D.**

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

6719 Winkler Rd.

Suite 114

City **Ft. Myers**

FL

Zip Code

33919

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.

Signature, typed or printed name of registered agent and fee 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

TITLE **D** ☒ Delete
NAME **NENTWIG, RUTH**
STREET ADDRESS **1500 COLONIAL BLVD. STE 235**
CITY-ST-ZIP **FORT MYERS FL 33907**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Change ☐ Addition
NAME **NENTWIG, Ruth**
STREET ADDRESS **6719 Winkler Rd. Suite 114**
CITY-ST-ZIP **Ft. Myers, FL 33919**

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

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

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

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

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 02/26/01

Date

Daytime Phone #

CR2E034 (10/00)