

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104554

1. Entity Name

STEIN, SONNENSCHNEIN, HOCHMAN, PEPPLER & LEWIS, P

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90060 046 ***150.00

Principal Place of Business

Mailing Address

1420 ALAFAYA TRAIL, SUITE 101
OVIEDO FL 32765

1420 ALAFAYA TRAIL, SUITE 101
OVIEDO FL 32765-4506

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3547170

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

STEIN, W. JEFFREY
1315 TUSKAWILLA RD, SUITE 105
WINTER SPRINGS FL 32708

Name Stein, W. Jeffry

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

1420 Alafaya Trail, Suite 101

City Oviedo

FL

Zip Code 32765

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, 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 PD ☐ Delete
NAME SOARENSCHNEIN, MICHAEL D
STREET ADDRESS 1420 ALAFAYA TRAIL, STE. 101
CITY-ST-ZIP OVIEDO FL 32705

TITLE VTD ☒ Change ☐ Addition
NAME Sonnenschein, Michael D.
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME HOCHMAN, MARILYN J
STREET ADDRESS 1420 ALAFAYA TRAIL, STE. 101
CITY-ST-ZIP OVIEDO FL 32765

TITLE VSD ☒ Change ☐ Addition
NAME Hochman, Marilyn J.
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME LEWIS, CHARLES E
STREET ADDRESS 1420 ALAFAYA TRAIL, STE. 101
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE VD ☐ Delete
NAME STEIN, W JEFFRY
STREET ADDRESS 1420 ALAFAYA TRAIL TRAIL, STE. 101
CITY-ST-ZIP OVIEDO FL 32765

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

TITLE STD ☐ Delete
NAME PEPPLER, THOMAS R
STREET ADDRESS 1420 ALAFAYA TRAIL, STE. 101
CITY-ST-ZIP OVIEDO FL 32765

TITLE PD ☒ Change ☐ Addition
NAME Peppler, Thomas R.
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)