

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

09-12-2001 90005 050 \*\*\*550.00

**DOCUMENT # P98000107061**

**1. Entity Name**  
**VANESSA TRUMBACH, P.A.**

**Principal Place of Business**  
**305 NW 108TH AVENUE**  
**CORAL SPRINGS FL 33071**

**Mailing Address**  
**305 NW 108TH AVENUE**  
**CORAL SPRINGS FL 33071**

**2. Principal Place of Business**

**6011 NW 68 Ave**

Suite, Apt. #, etc.

**3. Mailing Address**

**6011 NW 68 Ave**

Suite, Apt. #, etc.

**City & State**  
**TAMARAC FL**

**City & State**  
**TAMARAC FL**

**4. FEI Number** **65-0882971**

**Applied For**  
**Not Applicable**

**Zip**  
**33321**

**Country**  
**Broward**

**Zip**  
**33321**

**Country**  
**Broward**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TRUMBACH, VANESSA**  
**305 NW 108TH AVENUE**  
**CORAL SPRINGS FL 33071**

**7. Name and Address of New Registered Agent**

**Name**

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

**6011 NW 68 Ave**

**City**

**TAMARAC**

**FL**

**Zip Code**

**33321**

**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]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**8/30/01**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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** **TAUMBACH, VANESSA**  
**STREET ADDRESS** **305 NW 108TH AVE**  
**CITY-ST-ZIP** **CORAL SPRINGS FL 33071**

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

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

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**CITY-ST-ZIP**

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **P** ☒ **Change** ☐ **Addition**  
**NAME** **TRUMBACH, VANESSA**  
**STREET ADDRESS** **6011 NW 68 Ave**  
**CITY-ST-ZIP** **TAMARAC FL 33321**

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

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

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

**TITLE** ☐ **Change** ☐ **Addition**  
**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

**8/30/01**

Date

Daytime Phone #

CR2E034 (5/01)