

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 18, 2001 8:00 am
Secretary of State

07-18-2001 90005 004 ***150.00

DOCUMENT # P99000035710

1. Entity Name

NANCY STONER, ATTORNEY AT LAW, P.A.

Principal Place of Business

**50 WEST MASHTA DRIVE, #5
 KEY BISCAYNE FL 33149**

Mailing Address

**50 WEST MASHTA DRIVE, #5
 KEY BISCAYNE FL 33149**

2. Principal Place of Business

240 CRANDON BLVD. #273

3. Mailing Address

240 CRANDON BLVD.

Suite, Apt. #, etc.

#273

Suite, Apt. #, etc.

#273

City & State

Key Biscayne, FL.

City & State

Key Biscayne

Zip

33149

Country

USA

Zip

33149

Country

USA

4. FEI Number

65-0912460

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**STONER, NANCY ATTORNEY
 50 WEST MASHTA DRIVE, #5
 KEY BISCAYNE FL 33149**

7. Name and Address of New Registered Agent

Name

NANCY STONER

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

240 CRANDON BLVD.

#273

City

Key Biscayne

FL

Zip Code

33149

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

Nancy Stoner Pres.

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

(NOTE: Registered Agent signature required when reinstating)

7/10/01

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐

**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 **D** ☐ Delete
 NAME **STONER, NANCY**
 STREET ADDRESS **50 WEST MASHTA DRIVE, #5**
 CITY-ST-ZIP **KEY BISCAYNE FL 33149**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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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 ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **240 CRANDON BLVD. #273**
 CITY-ST-ZIP **Key Biscayne, FL. 33149**

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

TITLE ☐ Change ☐ Addition
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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: *Nancy Stoner Pres.*
 SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/10/01 (305) 361-5799
 Date Daytime Phone #

0045104 AV

CR2E034 (5/01)

Nancy Stoner
Attorney At Law, P.A.

Offices By The Sea
240 Crandon Boulevard • Suite 273
Key Biscayne, Florida 33149

Telephone: (305) 361-5199
Telefax: (305) 361-8888

Attachment
#P99000085710
A007897

July 10, 2001

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam,

Enclosed please find the Uniform Business Report for Nancy Stoner, Attorney at Law, P.A. and a check in the amount of \$150.00 for the filing fee.

Please be advised that I never received the original report. Upon receipt of the enclosed form today, I immediately submitted same. As the report indicates, my address has changed and, though I left a forwarding address, I never received the first report. In light of this unfortunate mishap, I kindly request that you accept the enclosed check and not require me to pay the \$500.00 filing fee.

Thank you for your consideration in this matter.

Sincerely,



Nancy Stoner