

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90250 018 ***150.00

DOCUMENT # P990000096199

1. Entity Name

ROBERT P. SONDGERATH, C.R.N.A., P.A.

Principal Place of Business

PO BOX 3742
 ST AUGUSTINE FL 32085-3742

Mailing Address

PO BOX 3742
 ST AUGUSTINE FL 32085-3742

2. Principal Place of Business

~~1900 B~~

Suite, Apt. #, etc.

1900 B BALD EAGLE DR.

City & State

NAPLES FL.

3. Mailing Address

Suite, Apt. #, etc.

1900 B BALD EAGLE DR.

City & State

NAPLES FL.

Zip

34105

Country

COLLIER

Zip

34105

Country

COLLIER

4. FEI Number 59-3607090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SONDGERATH, ROBERT P
 320 OSCEOLA AVE
 JACKSONVILLE BEACH FL 32250

7. Name and Address of New Registered Agent

Name

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

City

State

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

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, 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 PSTD
 NAME SONDGERATH, ROBERT P
 STREET ADDRESS PO BOX 3742 N/A
 CITY-STATE-ZIP ST AUGUSTINE FL 32085-3742

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
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 STREET ADDRESS
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 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME Robert P. Sondgerath
 STREET ADDRESS 1900 B Bald Eagle Dr.
 CITY-STATE-ZIP Naples, FL. 34105

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

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 STREET ADDRESS
 CITY-STATE-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 (10/00)