

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V11266

1. Entity Name

DR. JOHN R. ISTAD, P.A. CHARTERED

FILED
Apr 09, 2001 8:00 am
Secretary of State

04-09-2001 90024 008 ***150.00

Principal Place of Business

3601 NW FEDERAL HWY.
JENSEN BCH. FL 34957
US

Mailing Address

3601 NW FEDERAL HWY.
JENSEN BCH. FL 34957
US

941293

2. Principal Place of Business

Dr. John R. Istad, P.A. Chartered

3. Mailing Address

1113 SE Port St. Lucie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1113 SE Port St. Lucie Blvd

1113 SE Port St. Lucie Blvd

City & State

City & State

Port St. Lucie, FL

Port St. Lucie, FL

Zip

Country

Zip

Country

34952

USA

34952

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISTAD, JOHN R.
3601 NW FEDERAL HWY.
JENSEN BCH. FL 34957

Name

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

City

FL

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 *Dr. John R. Istad, P.A.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-6-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS ISTAD, JOHN R.
CITY-ST-ZIP 3601 NW FEDERAL HWY.
JENSEN BCH. FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: *Dr. John R. Istad, P.A.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-01

Date

561-398-5400

Daytime Phone #

CR2E034 (10/00)

0436575