

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V54525

1. Entity Name

PHILIP N. SHERWIN, P.A.

FILED
May 02, 2000 8:00 am
Secretary of State

05-02-2000 90061 005 ***150.00

Principal Place of Business

17595 S. TAMiami TRAIL
 STE 106
 FORT MYERS FL 33907
 US

Mailing Address

17595 S. TAMiami TRAIL
 STE 106
 FORT MYERS FL 33908-4500
 US

2. Principal Place of Business

1227 SE. 2ND PL

Suite, Apt. #, etc.

3. Mailing Address

1227 S.E. 2ND PL

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

CAPE CORAL, FL

City & State

CAPE CORAL, FL

4. FEI Number

65-0349636

Applied For

Not Applicable

Zip

33990

Country

U.S.A.

Zip

33990

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SHERWIN, PHILIP N.
 17595 S. TAMiami TRAIL
 STE. 106
 FORT MYERS FL 33908

7. Name and Address of New Registered Agent

Name

SHERWIN, PHILIP N.

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

1227 S.E. 2ND PL

City

CAPE CORAL

FL

Zip Code

33990

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

Philip N. Sherwin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/24/2000

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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHERWIN, PHILIP N.	
STREET ADDRESS	17595 S. TAMiami TRAIL STE.106	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHERWIN, PHILIP N.	
STREET ADDRESS	1227 S.E. 2ND PL	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Philip N. Sherwin
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 PHILIP N. SHERWIN

4/24/2000

Date

941 458-7559

Daytime Phone #

CR2E034 (9/99)