

2002 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90036 016 ***150.00

DOCUMENT # H70853

1. Entity Name
ELLIOT M. ZANK D.D.S., PA ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
4783 N. Congress Ave

Suite, Apt. #, etc.
Boynton Beach, FL

City & State

3. Mailing Address
4783 N Congress Ave

Suite, Apt. #, etc.
Boynton Beach, FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2645673

Applied For
Not Applicable

Zip
33426

Country
Palm Beach

Zip
33426

Country
Palm Beach

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

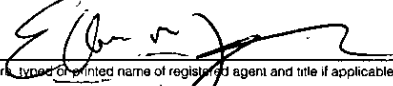
Name Zank, Elliot M.

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

4783 N Congress Ave

City Boynton Beach FL Zip Code 33426

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 

Elliot M. Zank

1/31/02

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)

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
NAME
STREET ADDRESS
CITY-ST-ZIP
Pres
Zank, Elliot
4783 N. Congress Ave
Boynton Beach, FL 33426

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

Elliot M. Zank 1/31/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)