

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000002044

1. Entity Name

TREASURE COAST DENTAL SOCIETY, INC.

FILED

Jan 17, 2002 8:00 am
Secretary of State

01-17-2002 90030 005 ****61.25

Principal Place of Business

1100 SW ST LUCIE WEST BLVD
STE 207
PORT SAINT LUCIE FL 34986
US

Mailing Address

1100 SW ST LUCIE WEST BLVD
STE 207
PORT SAINT LUCIE FL 34986
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1065110

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOPKO, JAMES
853 SE MONTEREY COMMONS BLVD.
STUART FL 34996

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME BRUCE, KEITH D.D.S.
STREET ADDRESS 1625 20TH ST.
CITY-ST-ZIP VERO BEACH FL 32960

TITLE D ☐ Change ☒ Addition
NAME Sohl, Michael D.D.S.
STREET ADDRESS 227 SE Ocean Blvd.
CITY-ST-ZIP Stuart, FL 34994

TITLE D ☐ Delete
NAME PIECZYNSKI, DENISE D.M.D.
STREET ADDRESS 1625 20TH ST.
CITY-ST-ZIP VERO BEACH FL 32960

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

TITLE D ☐ Delete
NAME JACOBUS, BRIAN B JR
STREET ADDRESS 1100 SW ST LUCIE W BLVD STE 207
CITY-ST-ZIP PORT SAINT LUCIE FL 34986

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Brian B Jacobus Jr*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02

(561) 340-0023

Date

Daytime Phone #

CR2E037 (9/01)