

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2002 8:00 am**  
**Secretary of State**

01-27-2002 90030 005 \*\*\*150.00

**DOCUMENT # P96000099991**

**1. Entity Name**  
**MICHAEL P. GURKLIS, D.M.D., P.A.**

**Principal Place of Business**  
**80 ROYAL PALM BLVD., SUITE 301**  
**VERO BEACH FL 32960**

**Mailing Address**  
**80 ROYAL PALM BLVD., SUITE 301**  
**VERO BEACH FL 32960**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**  
**680 20th Street**  
**Suite A**

**3. Mailing Address**  
**680 20th Street**  
**Suite A**

**City & State**  
**VERO BEACH FL**

**City & State**  
**VERO BEACH FL**

**4. FEI Number**  
**59-3417030**

**Applied For**  
**Not Applicable**

**Zip**  
**32960**

**Country**  
**Indian River**

**Zip**  
**32960**

**Country**  
**Indian River**

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

**6. Name and Address of Current Registered Agent**

**GURKLIS, MICHAEL P D.M.D.**  
**80 ROYAL PALM BLVD., SUITE 301**  
**VERO BEACH FL 32960**

**7. Name and Address of New Registered Agent**

**Name** **Gurklis, Michael P D.M.D.**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**680 20th Street**  
**Suite A**  
**City** **VERO BEACH** **FL** **Zip Code** **32960**

**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]* **1-9-02**  
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)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**11. OFFICERS AND DIRECTORS**

**TITLE** **D** ☐ **Delete**  
**NAME** **GURKLIS, MICHAEL P**  
**STREET ADDRESS** **80 ROYAL PALM BLVD., SUITE 301**  
**CITY-ST-ZIP** **VERO BEACH FL 32960**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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**CITY-ST-ZIP**

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**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ **Delete**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☒ **Change** ☐ **Addition**  
**NAME** **Gurklis, Michael P**  
**STREET ADDRESS** **680 20th Street Suite A**  
**CITY-ST-ZIP** **VERO BEACH FL 32960**

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

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

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

**TITLE** ☐ **Change** ☐ **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:** *[Signature]* **1-9-02**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date** **1-9-02** **Daytime Phone #** **561-978-9788**

CR2E034 (9/01)