

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90060 050 ***150.00

DOCUMENT # P99000086067

1. Entity Name

MICHAEL S. WERNER, D.P.M., P.A.

Principal Place of Business

**3546 ENTERPRISE ROAD
 SAFETY HARBOR FL 34695**

Mailing Address

**3546 ENTERPRISE ROAD
 SAFETY HARBOR FL 34695-5407**

2. Principal Place of Business

3. Mailing Address

5022 Gulfport Blvd. South

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Gulfport, FL

4. FEI Number

59-3600332

Applied For

Not Applicable

Zip

Country

Zip

Country

33707-4942

USA

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

**CHARLES E. H. BECK
 4265 CENTRAL AVENUE
 ST. PETERSBURG FL 33713**

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

PSTD Delete
WERNER, MICHAEL S D.P.M.
3546 ENTERPRISE ROAD
SAFETY HARBOR FL 34695

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/00

Date

177 328 1111

Daytime Phone #

CR2E034 (9/99)