

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 27, 2001 8:00 am**  
**Secretary of State**

02-27-2001 90325 018 \*\*\*150.00

**DOCUMENT # 600826**

**1. Entity Name**

**BLOSSER, CUOMO, HAWK & ROYAL, P.A.**

**CUOMO, FONTANA & HAWK, P.A.**

**Principal Place of Business**

**Mailing Address**

900 NW 13TH. ST. #300  
 BOCA RATON FL 33486

900 NW 13TH. ST. #300  
 BOCA RATON FL 33486

**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 59-1232259**

☐ Applied For  
☐ Not Applicable

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

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

**BLOSSER, C. WILLIAM, D.D.S.**  
 900 NW 13TH. ST. #300  
 BOCA RATON FL 33486

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

Name **Ronald E Hawk, D.D.S.**

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

**900 N.W. 13th St, #300**

City **Boca Raton**

**FL**

Zip Code **33486**

**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, 2001 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	<input checked="" type="checkbox"/> Delete
NAME	ROYAL, JONOTHAN M.	
STREET ADDRESS	900 NW 13 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	CUOMO, GERARD M	
STREET ADDRESS	900 NW 13 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLOSSER, C. WILLIAM	
STREET ADDRESS	900 NW 13 ST	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAWK, RONALD	
STREET ADDRESS	900 NW 13 ST	
CITY-ST-ZIP	BOCA RATON FL	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Camillo L. Fontana, D.M.D.	
STREET ADDRESS	900 N.W. 13th St, Ste 300	
CITY-ST-ZIP	Boca Raton	
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Ronald E Hawk**

**2/20/01**

Date

Daytime Phone #

**561-391-2241**