

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Aug 01, 2000 8:00 am**  
**Secretary of State**

08-01-2000 90004 045 \*\*\*550.00

**DOCUMENT # 605068**

1. Entity Name

**NORMAN M. TRABULSY, D.D.S., P.A.**

Principal Place of Business

1008 VIRGINIA AVENUE  
FT PIERCE FL 34982-3522  
US

Mailing Address

1008 VIRGINIA AVENUE  
FT PIERCE FL 34982-3522  
US

2. Principal Place of Business

**496 PENINSULA DRIVE**  
Suite, Apt. #, etc.

3. Mailing Address

**496 PENINSULA DRIVE**  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**FT. PIERCE, FL**

City & State

**FT. PIERCE, FL**

4. FEI Number

**59-1512699**

Applied For

Not Applicable

Zip

**34946**

Country

**ST. LUCIE**

Zip

**34946**

Country

**ST. LUCIE**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**TRABULSY (NORMAN M.), DDS**  
1008 VIRGINIA AVE.  
FT. PIERCE FL 34982-0522

7. Name and Address of New Registered Agent

Name **TRABULSY (NORMAN M.), DDS**

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

**496 PENINSULA DRIVE**

City

**FT. PIERCE**

**FL**

Zip Code

**34946**

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

**7/28/00**

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE **PD** ☐ Delete  
NAME **TRABULSY (NORMAN M.), DDS**  
STREET ADDRESS **1008 VIRGINIA AVE.**  
CITY-ST-ZIP **FT. PIERCE FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition  
NAME **TRABULSY (NORMAN M.), DDS**  
STREET ADDRESS **496 PENINSULA DRIVE**  
CITY-ST-ZIP **FT. PIERCE, FL 34946**

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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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: **X**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**7/28/00**

Date

**561-464-5750**

Daytime Phone #

CR2E034 (5/00)