

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90093 048 ***150.00

DOCUMENT # 629987

1. Entity Name
BRUCE E. PLATZEK, M.D., P.A.

Principal Place of Business

**2215 NEBRASKA AVE
SUITE 2B
FT PIERCE FL 34950-4866**

Mailing Address

**2215 NEBRASKA AVE
SUITE 2B
FT PIERCE FL 34950-4866**

2. Principal Place of Business

3. Mailing Address

2466 N.E. ACACIA LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

JENSEN BEACH FL

4. FEI Number

59-1922544

Applied For

Not Applicable

Zip

Country

Zip

Country

34957

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

**PLATZEK, BRUCE E
2215 NEBRASKA AVE
SUITE 2B
FORT PIERCE FL 34950**

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. I am familiar with, and accept the obligations of registered agent.

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-\$550.00
After September 13, 2002 Fee 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
NAME **PLATZEK, BRUCE E**
STREET ADDRESS **2215 NEBRASKA AVE., SUITE 2B**
CITY-ST-ZIP **FT PIERCE FL 34950**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8/24/02 561-878-4250

CR2E034 (4/02)

Attachment

629987 97345.11

Paul F. Schneider, C.P.A., P.A.

Certified Public Accountant

7860 Peters Road, F-110

Plantation, FL 33324

(954) 474-8500 Fax (954) 474-8856

August 5, 2002

Florida Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: Bruce E. Platzek, M.D., P.A.

Dear Sir/Madam:

We enclose herewith, on behalf of our above-named client, the 2002 Uniform Business Report together with a check for \$150.00. We respectfully request the waiver of the \$400.00 penalty in this instance.

The taxpayer never received the original Uniform Business Report and therefore was not aware that the report was not timely filed. In the future, the taxpayer requests that all correspondence be mailed to his residence so as to insure the timely filing of the report.

Your assistance and understanding in this matter will be appreciated.

Respectfully submitted,


PAUL F. SCHNEIDER
For the Firm

cc: Bruce E. Platzek, M.D.