

DOCUMENT # F14477

1. Entity Name
JEFF D. KOPELMAN, D.P.M., P.A.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90013 018 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4423 CENTRAL AVE 4423 CENTRAL AVE
ST PETERSBURG FL 33713 ST PETERSBURG FL 33713

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 **59-2049650** Applied For
Not Applicable

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

KOPELMAN, JEFF D
4423 CENTRAL AVE
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, 2001 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	P <input type="checkbox"/> Delete
NAME	KOPELMAN, JEFF D
STREET ADDRESS	4423 CENTRAL AVE
CITY-ST-ZIP	ST PETERSBURG FL 33713
TITLE	TS <input type="checkbox"/> Delete
NAME	KOPELMAN, HARVEY
STREET ADDRESS	4423 CENTRAL AVE
CITY-ST-ZIP	ST PETE FL 33713
TITLE	V <input type="checkbox"/> Delete
NAME	KOPELMAN, MICHELLE
STREET ADDRESS	4423 CENTRAL AVE
CITY-ST-ZIP	ST. PETE FL 33713
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

1/09/01 727 3214040
Date Daytime Phone #

CR2E034 (10/00)