

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90017 048 ***150.00

DOCUMENT # F36716

1. Entity Name

EDWARD A. KOTZ, JR., D.D.S., P.A.

Principal Place of Business

1849 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Mailing Address

1849 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

2. Principal Place of Business

1913 CAPITAL CIRCLE, NE

Suite, Apt. #, etc.

3. Mailing Address

1913 CAPITAL CIRCLE, NE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FL

City & State

TALLAHASSEE, FL

4. FEI Number 59-2093313

Applied For

Not Applicable

Zip

Country

32308

Zip

Country

32308

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

EDWARD A. KOTZ, JR.
1849 CAPITAL CIRCLE NE
TALLAHASSEE FL 32308

Name

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

1913 CAPITAL CIRCLE, NE

City

TALLAHASSEE

FL

Zip Code

32308

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

Edward A. Kotz, Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-10-01

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐

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 DP ☐ Delete
NAME KOTZ, EDWARD A, JR
STREET ADDRESS 2031 CHIMNEY SWIFT HOLLO
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME 1913 CAPITAL CIRCLE, NE
STREET ADDRESS TALLAHASSEE, FL 32308
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KOTZ, JOANNE E
STREET ADDRESS 2031 CHIMNEY SWIFT HOLLO
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☒ Change ☐ Addition
NAME 1913 CAPITAL CIRCLE, NE
STREET ADDRESS TALLAHASSEE, FL 32308
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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

Edward A. Kotz, Jr.

EDWARD A. KOTZ, JR.

Date

2-10-01

Daytime Phone #

850-878-5131

CR2E034 (10/00)