

2000 UNIFORM BUSINESS REPORT (UBR)

1072

DOCUMENT # H94606

1. Entity Name

STEPHEN C. WOLFF, D.C., P.A.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 31 AM 7:04

Principal Place of Business
1919 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

Mailing Address
1919 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2678368**

Applied For
Not Applicable

Zip Country

Zip Country

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**WOLFF, STEPHEN C.
1919 E. ATLANTIC BLVD.
POMPANO BEACH FL 33060**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WOLFF, STEPHEN C. 6146 NE 85TH WAY PARKLAND FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
600003344336--1 -08/02/00--01080--008 ****150.00 ****150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date **7/28/00** Daytime Phone #

*CR2E034 (5/00)

2072

GENE S. BONHAM, C.P.A., P.A.

1999 UNIVERSITY DRIVE, SUITE 212
CORAL SPRINGS, FLORIDA 33071
(954) 753-6966 • FAX (954) 753-6999

Member
American Institute of
Certified Public Accountants
Florida Institute of
Certified Public Accountants

July 28, 2000

Mr. Sean Toner
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Stephen C. Wolff, D.C., P.A.
2000 Uniform Business Report

Dear Mr. Toner:

Enclosed is the 2000 Uniform Business Report for Stephen C. Wolff, D.C., P.A., along with his check in the amount of \$150. Dr. Wolff has requested my assistance in responding to the lateness in filing the form. As he advised me, the form was not previously received and if he tells me that he did not receive the form, I am in total agreement with his statement. He is very meticulous about any filings, whether they are federal or state returns and he is adamant that they be timely filed without extension. Given my experience with him as a client, I can assure you of his honesty and integrity and appreciate your assistance in favorably resolving this matter. If you have any questions regarding this matter, please contact the undersigned.

Sincerely,



Gene S. Bonham, C.P.A., P.A.

Enclosure