

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 28, 2002 8:00 am
Secretary of State

01-28-2002 90061 036 ***150.00

01/28/02 AV

DOCUMENT # H94606

1. Entity Name
STEPHEN C. WOLFF, D.C., P.A.

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

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1304-C E. ATLANTIC BLVD

3. Mailing Address

1304-C E. ATLANTIC BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
POMPANO BEACH

City & State
POMPANO BEACH, FL

4. FEI Number **59-2678368**

Applied For
 Not Applicable

Zip **FL 33060** Country **USA**

Zip **33060** Country **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

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

Name
 Street Address (P.O. Box Number is Not Acceptable)
1304-C East Atlantic Blvd.
 City **POMPANO BEACH** FL Zip Code **33060**

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 **1/14/02**

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, 2002 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	<input type="checkbox"/> Delete
NAME	WOLFF, STEPHEN C	
STREET ADDRESS	6146 NE 85TH WAY	
CITY-ST-ZIP	PARKLAND FL	
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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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **STEPHEN C. WOLFF**

DATE **1/14/02** (954) 788-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

CR2E034 (9/01)