

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H98221

1. Entity Name

ALEX KOBB, D.D.S., P.A.

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90143 009 ***150.00

Principal Place of Business KOBB, ALEX D.D.S. 9881 NW 37TH STREET CORAL SPRINGS FL 33065 US	Mailing Address KOBB, ALEX D.D.S. 9881 NW 37TH STREET CORAL SPRINGS FL 33065-2808 US
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2. Principal Place of Business 4885 MESSANA TERRACE Suite, Apt. #, etc. LAKE WORTH, FL City & State 33463 USA Zip Country	3. Mailing Address Suite, Apt. #, etc. ALEX KOBB, D.D.S. 4164 N.W. 90th AVE APT 101 CORAL SPRINGS, FL 33065-1100 City & State Zip Country USA
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DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2631273	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent KOBB, ALEX, D.D.S. 9881 NW 37TH STREET CORAL SPRINGS FL 33065	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 Alex Kobb, D.D.S. DATE 4/15/00
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KOBB, ALEX, D.D.S. 9881 NW 37TH STREET CORAL SPRINGS FL 33065 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX KOBB, D.D.S. 4164 N.W. 90th AVE APT 101 CORAL SPRINGS, FL 33065-1100 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

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: Alex Kobb, D.D.S. DATE 4/15/00 DAYTIME PHONE # 561-966-3235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)