

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 22, 2002 8:00 am
Secretary of State

07-22-2002 90158 032 ***550.00

DOCUMENT # J05921

1. Entity Name
NUA-TMJ, INC.

Principal Place of Business
% STEPHAN B. WIDMEYER
2871 - A TAMiami TRAIL
PORT CHARLOTTE FL 33952

Mailing Address
% STEPHAN B. WIDMEYER
2871 - A TAMiami TRAIL
PORT CHARLOTTE FL 33952



2. Principal Place of Business

3. Mailing Address

3100 Port Charlotte Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Port Charlotte FL

4. FEI Number **59-2651010**

Applied For

Not Applicable

Zip

Country

Zip

Country

33952

USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WIDMEYER, STEPHAN B.
3417-F TAMiami TRAIL
PORT CHARLOTTE FL 33952

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00
After September 13, 2002 Fee 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 **P** ☒ Delete
NAME **NUELLE, DOUGLAS G. M.D.**
STREET ADDRESS **2595 HARBOR BLVD #102**
CITY-ST-ZIP **PORT CHARLOTTE FL**

TITLE **P.** ☒ Change ☐ Addition
NAME **Alpern, Michael D.D.S. M.S.**
STREET ADDRESS **3100 Port Charlotte FL 33952**
CITY-ST-ZIP **3100 Port Charlotte FL 33952**

TITLE **VSTP** ☐ Delete
NAME **ALPERN, MICHAEL C. DDS**
STREET ADDRESS **3100 PORT CHARLOTTE BLVD**
CITY-ST-ZIP **PORT CHARLOTTE FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

DR MICHAEL ALPERN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 July 02 **941-629-2221**
Date Daytime Phone #

CR2E034 (4/02)