

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90057 040 ***150.00

01/03/02 AV

DOCUMENT # K24399

1. Entity Name
ROBERT E. SELZ, D.D.S., P.A.

Principal Place of Business
2500 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

Mailing Address
2500 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

717 LAYNE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
HALLANDALE, FL.

4. FEI Number **65-0048477**

Applied For
 Not Applicable

Zip Country

Zip Country
33009 BROWARD

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

SELZ DDS, ROBERT E.
2500 E. HALLANDALE BEACH BLVD.
HALLANDALE FL 33009

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

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 **D** ☐ Delete
 NAME **SELZ, ROBERT E DDS**
 STREET ADDRESS **2500 E. HALLANDALE BEACH BLVD**
 CITY-ST-ZIP **HALLANDALE FL 33009**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ROBERT E. SELZ, DDS **2/1/02** **(954) 454-5568**

CR2E034 (9/01)