

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

0139718 AV

DOCUMENT # K24399

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



04-24-2003 90166 013 ***150.00

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

Mailing Address
**717 LAYNE BLVD
HALLANDALE FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0048477**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☒ CHECK HERE IF MAKING CHANGES

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 **ROBERT E. SELZ, DDS**

Street Address (P.O. Box Number is Not Acceptable)

717 LAYNE BLVD

City **HALLANDALE BEACH FL** Zip Code **33009**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign/Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. 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 **D** ☒ Change ☐ Addition
NAME **ROBERT E. SELZ, DDS**
STREET ADDRESS **717 LAYNE BLVD**
CITY-ST-ZIP **HALLANDALE BEACH, FL 33009**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ROBERT E. SELZ

4/15/03 (954) 454-5568

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)