

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 19, 2001 08:00 AM  
Secretary of State

DOCUMENT # **K78912**

1. Entity Name  
MICHAEL D. MOPSICK, P.A.

Principal Place of Business  
7777 GLADES RD  
200  
BOCA RATON FL 33434 US

Mailing Address  
7777 GLADES RD  
200  
BOCA RATON FL 33434 US

2. Principal Place of Business  
3119 ST. ANNE'S DR.

3. Mailing Address  
3119 ST. ANNE'S DR.

Suite, Apt. #, etc.

City & State  
BOCA RATON FL

City & State  
BOCA RATON FL

Zip  
33496

Country  
US

Zip  
33496

Country  
US

4. FEI Number  
**65-0110502**

Applied For  
Not Applicable

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

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

MOPSICK, MICHAEL D.  
7777 GLADES RD  
200  
BOCA RATON FL 33434 US

## 7. Name and Address of New Registered Agent

Name  
MOPSICK, MICHAEL D.

Street Address (P.O. Box Number is Not Acceptable)  
3119 ST. ANNE'S DR.

City  
BOCA RATON FL

Zip Code  
33496

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 **03/19/2001**

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MOPSICK, MICHAEL D.	
STREET ADDRESS	3119 ST ANNES DR	
CITY-ST-ZIP	BOCA RATON 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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOPSICK MICHAEL D		
STREET ADDRESS	3119 ST ANNES DR		
CITY-ST-ZIP	BOCA RATON FL 33496		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 empowered.

SIGNATURE: Michael D. Mopsick

PD 03/19/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)