

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90117 025 ***150.00

DOCUMENT # L67198

1. Entity Name
GOPMAN & GOPMAN, P.A.



Principal Place of Business
**5054 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484**

Mailing Address
**5054 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484**



2. Principal Place of Business

3. Mailing Address

GARDENS PROFESSIONAL CENTER → 9121 N MILITARY TRAIL
Suite, Apt. #, etc.
209

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

PB GARDENS, FL

Zip
33410

Country

USA

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

**GOPMAN, BRUCE L.
5054 WEST ATLANTIC AVENUE
DELRAY BEACH FL 33484**

Name **GOPMAN, BRUCE L.**

Street Address (P.O. Box Number is Not Acceptable)
**9121 N MILITARY TRAIL
SUITE 209**

City **PB GARDENS**

FL

Zip Code
33410

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)

2/26/03
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
NAME **D** ☐ Delete
GOPMAN, BRUCE L.
STREET ADDRESS
CITY-ST-ZIP **735 CHARLESTOWN CIR.
PALM BEACH GARDENS FL 33410**

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

TITLE
NAME **D** ☐ Delete
GOPMAN, AMY B.
STREET ADDRESS
CITY-ST-ZIP **735 CHARLESTOWN CIR.
P.B GARDENS FL 33410**

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

2/26/03 5614983181
Date Daytime Phone #

CR2E034 (10/02)