

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 09, 2002 8:00 am
Secretary of State

07-09-2002 90370 049 ***150.00

DOCUMENT # P00000032135**1. Entity Name**
DENNIS M. MORGENSTERN, P.A.**Principal Place of Business****4100 W KENNEDY BLVD**
STE 312
TAMPA FL 33609**Mailing Address****4100 W KENNEDY BLVD**
STE 312
TAMPA FL 33609**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-3639671Applied 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****MORGENSTERN, DENNIS M**
3919 DORAL DRIVE
TAMPA FL 33634-7400

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** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTVS MORGENSTERN, DENNIS M 3919 DORAL DRIVE TAMPA FL 33634-7400 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MORGENSTERN, DENNIS M 3919 DORAL DRIVE TAMPA FL 33634-7400 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/02

(813) 597-3000

CR2E034 (4/02)

Attachment
P00000032135
DENNIS M. MORGENSTERN, P.A. *119352*

Attorney at Law
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Suite 312
Tampa, Florida 33609
Also licensed in Pennsylvania

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Toll Free: (800) 273-4950
email: dennism@tampabay.rr.com

Nannette Y. Harrison,
Certified Legal Assistant

July 1, 2002

The Honorable Katherine Harris
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dennis M. Morgenstern, P.A.
Document #P00000032135
FEI#59-3639671

Dear Ms. Harris:

We are unable to locate any evidence of prior notice of the 2002 Uniform Business Report (UBR) from your office. We pay all bills, to include tax bills, within 5 - 7 days of receipt. As such, I hereby report that the corporation did not receive any prior notice of this 2002 Uniform Business Report (UBR) and fee. We, therefore, request waiver of the late fee charged and enclose our firm check in the amount of \$150.00.

Should you have any questions, do not hesitate to contact our office. Thank you for your assistance in this matter.

Very truly yours,


Dennis M. Morgenstern

DMM/nyh
Enc.