

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90134 024 ***150.00



☒ CHECK HERE IF MAKING CHANGES

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
3919 Doral Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Tampa, FL

4. FEI Number **59-3639671**

Applied For
Not Applicable

Zip

Country

Zip
33634

Country
USA

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

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **PTVS**
STREET ADDRESS **MORGENSTERN, DENNIS M**
CITY-ST-ZIP **3919 DORAL DRIVE**
TAMPA FL 33634-7400

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

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **MORGENSTERN, DENNIS M**
CITY-ST-ZIP **3919 DORAL DRIVE**
TAMPA FL 33634-7400

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
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

1/9/03

(813) 597-3000

Date

Daytime Phone #

CR2E034 (10/02)