

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2001 8:00 am**  
**Secretary of State**

06-04-2001 90003 019 \*\*\*550.00

**DOCUMENT # P00000081749**

1. Entity Name  
**BO DENNIS AND ASSOCIATES, PA.**

Principal Place of Business  
**500 SOUTHEAST SIXTH STREET  
 UNIT #101  
 FT LAUDERDALE FL 33301**

**NEW**

Mailing Address  
**500 SOUTHEAST SIXTH STREET  
 UNIT #101  
 FT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**2545 EAST SUNRISE BLVD  
 Suite, Apt. #, etc.  
 Ft. Lauderdale 33304**

3. Mailing Address  
**2545 EAST SUNRISE BLVD  
 Suite, Apt. #, etc.  
 #197**

City & State  
**#197**

City & State  
**Ft. Lauderdale FL**

4. FEI Number  
**651045797**

Applied For  
 Not Applicable

Zip  
**33304**

Country  
**Broward**

Zip  
**33304**

Country  
**Broward**

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

## 6. Name and Address of Current Registered Agent

**DENNIS, KEVIN B  
 500 SOUTHEAST SIXTH STREET  
 UNIT #101  
 FT LAUDERDALE FL 33301**

## 7. Name and Address of New Registered Agent

Name **KEVIN B. DENNIS**

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

**700 NE 25th WAY**

City **Ft. Lauderdale FL**

FL

Zip Code **33304**

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 **Kevin B. Dennis**

**5/31/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOT: 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!**  
**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 **DP** ☐ Delete  
 NAME **DENNIS, KEVIN B**  
 STREET ADDRESS **500 SOUTHEAST SIXTH STREET UNIT #101**  
 CITY-ST-ZIP **FT LAUDERDALE FL 33301**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **700 NE 25th way**  
 CITY-ST-ZIP **PT. Lauderdale 33304**

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ 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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered signature shall have the same legal effect as if made under oath; that I am an officer or director is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: **Kevin B. Dennis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)