

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 19, 2002 8:00 am**  
**Secretary of State**

08-19-2002 90148 020 \*\*\*150.00

**DOCUMENT # P00000102678**

1. Entity Name  
**BESS AND GAYNOR D.P.M., P.A.**

Principal Place of Business  
**BESS AND GAYNOR D.P.M.**  
**2885 N. MILITARY TR., SUITE J**  
**WEST PALM BEACH FL 33409**

Mailing Address  
**BESS AND GAYNOR D.P.M.**  
**2885 N. MILITARY TR., SUITE J**  
**WEST PALM BEACH FL 33409**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**65-1052032**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

**GOLOSSTEIN, MARK B**  
**2700 N. MILITARY TRAIL**  
**SUITE 220**  
**BOCA RATON FL 33431**

Name **Michael BESS DPM**  
 Street Address (P.O. Box Number is Not Acceptable) **2885 N. Military Tr suite J**  
 City **West Palm Beach** **FL** Zip Code **33409**

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

Signature, typed or printed name of registered agent and type, 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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **GAYNOR, ROBERT M DPM**  
 STREET ADDRESS **2885 N. MILITARY TR., SUITE J**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE **D** ☐ Delete  
 NAME **BESS, MICHAEL DPM**  
 STREET ADDRESS **2885 N. MILITARY TR., SUITE J**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33409**

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

TITLE ☐ Delete  
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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 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

Date

Daytime Phone #

**8/15/02**

**561 6417666**

CR2E034 (9/01)



S • P • E • C • I • A • L • I • S • T • S

*"Helping People Walk in Comfort"*

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8-15-02

Re: Payment of Uniform Business Report

To Whom it may concern,

We are sorry about the delay in paying the fees for this report. Our registered agent did not get the forms to us in a timely manner causing the delay in filing. We are changing our registered agent this year to avoid this from happening again.

Thank you for your consideration in this matter.

Sincerely,

Robert Gaynor  
Vice President Bess and Gaynor