

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90242 047 ***150.00

DOCUMENT # P02000053428

1. Entity Name
TERRY L. BOECKEL OD, INC.



Principal Place of Business
**14040 BISCAYNE BLVD.
APT.#415
NORTH MIAMI FL 33181**

Mailing Address
**14040 BISCAYNE BLVD.
APT.#415
NORTH MIAMI FL 33181**

2. Principal Place of Business

400 S. Luna Ct.

3. Mailing Address

400 S. Luna Ct.

Suite, Apt. #, etc.

#3

Suite, Apt. #, etc.

#3

City & State

Hollywood FL

City & State

Hollywood FL

4. FEI Number

010704276

Applied For

Not Applicable

Zip

33021

Country

USA

Zip

33021

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BOECKEL, TERRY L DR
14040 BISCAYNE BLVD.
APT. #415
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

Boeckel, Terry L. Dr.

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

400 S. Luna Ct

City

Hollywood, FL

FL

Zip Code

33021

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

Terry L. Boeckel

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

(NOTE: Registered Agent signature required when reinstating)

02/20/03

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

TITLE **P** ☐ Delete
NAME **BOECKEL, TERRY L DR**
STREET ADDRESS **14040 BISCAYNE BLVD. APT.#415**
CITY-ST-ZIP **NORTH MIAMI FL 33181**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition
NAME **Boeckel, Terry L Dr.**
STREET ADDRESS **400 S. Luna Ct. Unit #3**
CITY-ST-ZIP **Hollywood FL 33021**

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

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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

CR2E034 (10/02)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/03

Date

(305) 785-2986

Daytime Phone #