

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90047 044 ***150.00

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DOCUMENT # P92000012035

1. Entity Name
MICHAEL EGGNATZ, D.D.S., P.A.

Principal Place of Business
**1601 N. HIATUS ROAD
 VILLAGE SQUARE DENTAL CENTER
 PEMBROKE PINES FL 33026**

Mailing Address
**1601 N. HIATUS ROAD
 VILLAGE SQUARE DENTAL CENTER
 PEMBROKE PINES FL 33026**

923106



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 **65-0379097**

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

~~EGGNATZ, MICHAEL DDS
 1601 N. HIATUS ROAD
 VILLAGE SQUARE DENTAL CENTER
 PEMBROKE PINES FL 33026~~

Name **JAY D. NUSSMAN**
 Street Address (P.O. Box Number is Not Acceptable)
1675 N. Commerce Parkway
 City **WESTON** FL Zip Code **33326**

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 JAY D. NUSSMAN DATE 1-20-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	D EGGNATZ, MICHAEL DDS 1601 N. HIATUS RD., VILLAGE SQUARE DENTAL PEMBROKE PINES FL 33026	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: MICHAEL EGGNATZ President DATE 1-20-02 Daytime Phone # 954-432-8100

CR2E034 (9/01)