

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90008 001 ***150.00

DOCUMENT # P93000082599

1. Entity Name
ALAN NETZMAN, D.O., P.A.

Principal Place of Business
92140 OVERSEAS HWY.. STE. 1
TAVERNIER FL 33070
US

Mailing Address
P.O. BOX 282
TAVERNIER FL 33070



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 **65-0469704**

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

HERSHOFF, JAY A
90130 OLD HWY
TAVERNIER FL 33070

Name **Alan Netzman**
 Street Address (P.O. Box Numbers Not Acceptable) **92140 Overseas Highway, #1**
 City **Tavernier** **FL** **33070**

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

2/20/02

(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 ☐ Delete
 NAME **NETZMAN, ALAN**
 STREET ADDRESS **88555 OVERSEAS HWY, SUITE 1**
 CITY-ST-ZIP **TAVERNIER FL**

TITLE ☒ Change ☐ Addition
 NAME **Netzman, Alan**
 STREET ADDRESS **92140 Overseas Highway, #1**
 CITY-ST-ZIP **Tavernier, FL 33070**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/02 3058529001

DATE

Daytime Phone #

0194576

CR2E034 (9/01)