

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90194 046 ***150.00

DOCUMENT # P95000015623

1. Entity Name

BRUCE S. ZELAZEK, D.D.S., P.A.

Principal Place of Business

Mailing Address

7689 LAKE WORTH ROAD
LAKE WORTH FL 33467
US

7643 W. COURTYARD RUN
BOCA RATON FL 33433-3009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0558062

Applied For

Not Applicable

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

GILDAN, PHILLIP C
1645 PALM BEACH LAKES BLVD.
SUITE 1200
WEST PALM BEACH FL 33401

Name

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

City

FL

Zip Code

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 title 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, 2000 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

<div>ST ZIP</div> <div>D ZELAZEK, BRUCE S 7643 W. COURTYARD RUN BOCA RATON FL 33433</div> <div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
<div>ST ZIP</div> <div></div> <div><input type="checkbox"/> Delete</div>	<div>TITLE</div> <div>NAME</div> <div>STREET ADDRESS</div> <div>CITY-ST-ZIP</div> <div><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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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:

Bruce S. Zelazek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bruce S Zelazek DDS PA

Director

Date

2-16-00

Daytime Phone #

561 966-5577

CR2E034 (9/99)