

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000066776

FILED
Jan 14, 2002 8:00 AM
Secretary of State

Entity Name: WOOLF DENTISTRY, P.A.

Current Principal Place of Business:

DR. JARED WOOLF
17968 FIELDBROOK CIRCLE
BOCA RATON, FL 33496

New Principal Place of Business:

Current Mailing Address:

17968 FIELD BROOK CIRCLE
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 65-0610013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOOLF, JARED
17968 FIELDBROOK CIR S
BOCA RATON, FL 33496 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WOOLF, JARED
Address: 17968 FIELD BROOK CIRCLE
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JARED WOOLF

D

01/14/2002

Electronic Signature of Signing Officer or Director

_____ Date