

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90649 032 ***150.00

DOCUMENT # P95000082520

1. Entity Name

BACH & GODOFSKY, M.D. P.A.

Principal Place of Business

Mailing Address

~~1800 SECOND ST., SUITE 870~~
SARASOTA FL 34236

1800 SECOND ST., SUITE 870
SARASOTA FL 34236

2. Principal Place of Business

1301 6th Ave West

3. Mailing Address

1301 6th Ave West

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

600

City & State

BRADENTON FL

City & State

BRADENTON FL

Zip

34205

Country

USA

Zip

34205

Country

USA

4. FEI Number

65-0623359

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WIESNER, IRA S

1800 SECOND ST., SUITE 870
SARASOTA FL 34236

7. Name and Address of New Registered Agent

Name

Wass CPA Associates Stam Stathis

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

1301 6th Ave West Ste. 600

BRADENTON, FL

FL

Zip Code 34205

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]

Stam Stathis

1/16/02

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, 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

TITLE **DPTS** ☐ Delete
NAME **GODOFSKY, ELIOT**
STREET ADDRESS **1800 SECOND ST., SUITE 870**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DPTS** ☒ Change ☐ Addition
NAME **GODOFSKY, ELIOT**
STREET ADDRESS **1301 6th Ave Ste. 600**
CITY-ST-ZIP **BRADENTON FL 34205**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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

Date

Daytime Phone #

1/17/2002

0620422 AV

CR2E034 (9/01)