

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90052 022 ***150.00

DOCUMENT # P96000025795

1. Entity Name
JAMES J. MORAN, DDS, P.A.

324179



DO NOT WRITE IN THIS SPACE

Principal Place of Business 973 NOB HILL ROAD PLANTATION FL 33324	Mailing Address % PIERCE & CO. 1440 JFK CAUSEWAY, #301 N. BAY VILLAGE FL 33141
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2. Principal Place of Business	3. Mailing Address 973 N. Nob Hill Rd.
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State Plantation, Fl. 33324
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Zip	Country	Zip	Country
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4. FEI Number 65-0662049	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PIERCE, CLIFFORD Y
1440 JOHN F KENNEDY CSWY #301
NO BAY VILLAGE FL 33141**

Name James J. Moran
Street Address (P.O. Box Number is Not Acceptable) 973 N. Nob Hill Road
City Plantation
State FL
Zip Code 33324

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 James J. Moran <small>Signature, typed or printed name of registered agent and title if applicable.</small>	2-20-01 <small>DATE</small>
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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, 2001 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	PD MORAN, JAMES J 1508 WHITEHALL DRIVE, #202 FT. LAUDERDALE FL 33324	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	02-20-01 <small>Date</small>	305 861 2266 <small>Daytime Phone #</small>
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CR2E034 (10/00)