

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075829

1. Entity Name

BOSSHARDT & EDWARDS, P.A.

Principal Place of Business

1600 SE 17TH ST  
FORT LAUDERDALE FL 33316

Mailing Address

1600 SE 17TH ST  
FORT LAUDERDALE FL 33316-1717

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite 405

Suite, Apt. #, etc.

Suite 405

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

BOSSHARDT, KURT E  
1600 SE 17TH ST  
FORT LAUDERDALE FL 33316

7. Name and Address of New Registered Agent

Name

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

Suite 405

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

TITLE D ☐ Delete  
NAME BOSSHARDT, KURT E  
STREET ADDRESS 1600 SE 17TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

TITLE D ☐ Delete  
NAME EDWARDS, ROBERT R  
STREET ADDRESS 1600 SE 17TH ST  
CITY-ST-ZIP FORT LAUDERDALE FL 33316

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 ☐ Change ☐ Addition  
NAME  
STREET ADDRESS Suite 405  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME  
STREET ADDRESS Suite 405  
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

Kurt E. Bosshardt

Date

Daytime Phone #

1/21/00 954 764-9772

FILED

Jan 26, 2000 8:00 am  
Secretary of State

01-26-2000 90205 023 \*\*\*150.00

907478



DO NOT WRITE IN THIS SPACE