2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000032247 **DOCUMENT #**

1. Entity Name

DD WILLIAM I DODD DA



FILED Mar 07, 2003 8:00 am § Secretary of State

03-07-2003 90102 030 ***150.00

DR. WILL	DAIN J. BOPP, P.A.				
Principal Place of Business 23260 MIRABELLA CIRCLE BOCA RATON FL 33433 US		Mailing Address 23260 MIRABELLA CIRCLE BOCA RATON FL 33433 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING	CHANGES
City & State		City & State		4. FEI Number 65-0910767 Applied For Not Applicable	
Zip	Country	Zip	Country		88.75 Additional
<u> </u>	6. Name and Address of Current	Registered Agent	1	7. Name and Address of New Registered A	<u> </u>
BOPP, WILLIAM J			Name		
-	RABELLA CIRCLE		Street Address	(P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33433					
			City	FL	Zip Code
8. The above the obligation	named entity submits this statement for	or the purpose of changing its re	egistered office or registe	ered agent, or both, in the State of Florida. I am fa	miliar with, and accept
SIGNATURE Signature, typed or printed name or registered agent and titled applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
	ILE NOW!!! FEE IS \$150.00	VIOLE.	Togota og naturo rogani	- // 	
Afte	r May 1, 2003 Fee will be \$550.00 C Payable to Florida Department o	f State		9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS BOPP, WILLIAM J 23260 MIRABELLA CIRCLE BOCA RATON FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME		☐ Delete	TITLE		Change Addition
STREET ADDRESS CITY-ST-ZIP		له مريبتين از ست	· STREET ADDRESS CITY-ST-ZIP	المحران وياجد حيدا التيار يحد إيسان	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
TITLE NAME STREET ADDRESS CITY ST. 7/P		☐ Delete	TITLE NAME STREET ADDRESS	[Change Addition

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other live ampowered.

SIGNATURE: 🗹

QUIWilliam J.

Bopp

561-750-0426