

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P99000038566**

1. Entity Name  
**ARTHUR T. BRUGGESSER D.D.S., P.A.**



Principal Place of Business  
599 SOUTH FEDERAL HIGHWAY  
DANIA FL 33004

Mailing Address  
599 SOUTH FEDERAL HIGHWAY  
DANIA FL 33004

2. Principal Place of Business  
**8150 Cleary BL**  
Suite, Apt. #, etc.  
**1516**

3. Mailing Address  
**8150 Cleary BL**  
Suite, Apt. #, etc.  
**1516**

City & State  
**Plantation**

City & State  
**Plantation PL**

Zip **FL** Country

Zip **33324** Country

**FILED  
Jan 21, 2003 8:00 am  
Secretary of State**

01-21-2003 90144 030 \*\*\*150.00



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>65-0917446</b>	<input type="checkbox"/> Applied For
	<input type="checkbox"/> Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**BRUGGESSER, ARTHUR T  
599 SOUTH FEDERAL HIGHWAY  
#3  
DANIA FL 33004**

**7. Name and Address of New Registered Agent**

Name **Arthur T. Bruggisser**  
Street Address (P.O. Box Number is Not Acceptable)  
**8150 Cleary # 1516**

City **Plantation** FL **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Arthur T. Bruggisser*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of 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 DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRUGGESSER, ARTHUR T 599 S FEDERAL HWY PLANTATION FL 33324</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>8150 Cleary BLUD # 1516 Plantation PL 33324</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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
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
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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Arthur T. Bruggisser*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-2003

Date

Daytime Phone #

CR2E034 (10/02)

2003  
2003  
2003  
2003