

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000049786**

1. Entity Name

DENNIS J. MOPE, P.A.**FILED****Jan 31, 2001 8:00 am**
Secretary of State

01-31-2001 90042 011 ***150.00

Principal Place of Business

Mailing Address

**5041 N.W. 97TH DRIVE
CORAL SPRINGS FL 33076****5041 N.W. 97TH DRIVE
CORAL SPRINGS FL 33076**

2. Principal Place of Business

3. Mailing Address

8409 TIBET BUTLER DR**8409 TIBET BUTLER DR**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

WINDERMERE FL

City & State

City & State

WINDERMERE FL

4. FEI Number

65-0921325

Applied For

Not Applicable

Zip

Country

Zip

Country

34786**ORANGE USA****34786**5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOPE, DENNIS J
5041 N.W. 97TH DRIVE
CORAL SPRINGS FL 33076**

Name

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

8409 TIBET BUTLER DR

City

WINDERMERE

FL

Zip Code

34786

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, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D MOPE, DENNIS J 5041 N.W. 97TH DRIVE CORAL SPRINGS FL 33076		8409 TIBET BUTLER DR WINDERMERE FL 34786	
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Delete		<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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-16-01**407 9096277**

CR2E034 (10/00)