

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 04, 2002 8:00 am**  
**Secretary of State**

08-04-2002 90166 021 \*\*\*150.00

**DOCUMENT # P99000107274**

1. Entity Name  
**WEKIVA PLACE, P.A.**

Principal Place of Business  
**686 HUNT CLUB BLVD.  
 SUITE 100  
 LONGWOOD FL 32779**

Mailing Address  
**686 HUNT CLUB BLVD.  
 SUITE 100  
 LONGWOOD FL 32779**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3612673**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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**

**OFFENBACK, MARK  
 686 HUNT CLUB BLVD.  
 SUITE 100  
 LONGWOOD FL 32779**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>OFFENBACK, MARK DDS</b>	
STREET ADDRESS	<b>686 HUNT CLUB BLVD. SUITE 100</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32779</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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]* **NO SIGNATURE REQUIRED**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/30/02** **407 864-7333**  
Date Daytime Phone #

CR2E034 (4/02)



Attachment  
# P99000107274

972237

MARK S. OFFENBACK, D.D.S., P.A.  
WEKIVA PLACE DENTAL

July 30, 2002

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee Florida 32302-1500

Re: Corporation tax filing fee

Dear Division of Corporations:

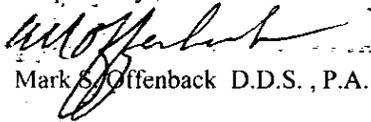
This letter is to inform you that to the best of my knowledge this is the first notice of corporate tax due.

There was truly no malicious intent on our part.

I ask respectfully that you accept this payment of \$150.00 as payment in full for the year 2002.

Thank you for your kind consideration.

Respectfully,

  
Mark S. Offenback D.D.S., P.A.