2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

492722 **DOCUMENT #**

1. Entity Name

SIGNATURE:

C.D. LINDAHL, D.D.S, P. A.



FILED Jan 06, 2003 8:00 am Secretary of State 01-06-2003 90005 013 ***150.00

5617467600

| Principal Place of Business 399 TEQUESTA DR. SUITE 103 TEQUESTA FL 33469 | | 399 TEQL | Mailing Address 399 TEQUESTA DR., SUITE 103 TEQUESTA FL 33469 | | | | | | | | |
|--|--|---|--|---------------------------------------|---|---------------------------------------|--|---|--|---|-----------------|
| 2. Principal Pla | ace of Business | 3. Mailing | 3. Mailing Address | | | |] | | i i i i i i i i i i i i i i i i i i i | <u> </u> | |
| Suite, Apt. | ŧ, etc. | Suite, A | Suite, Apt. #, etc. | | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
| City & State | | City & S | City & State | | | 4. F | 59-1645498 | | | olied For Applicable | |
| Zip Country | | Zip | Zip | | Country | | | | | 75 Additional Required | |
| <u>.</u> | 6. Name and Address of | Current Registered A | Registered Agent | | | 7. N | Name and Address of New Regist | ered Ager | t | | |
| | | | | | | Name | | | | | |
| | C.D., D.D.S. Esta dr., Suite 103 | | Street Addres | | | s (P.O. Box Number is Not Acceptable) | | | | | |
| | A FL 33469 | | | | | | | | | | |
| | | | | | City | | | | Zip Code | | |
| | named entity submits this stat ons of registered agent. | ement for the purpose | of changing its | registere | ed office or regist | ered ag | ent, or both, in the State of Florida. | I am famil | iar with, a | and accept | |
| .SIGNATURE . | Signature, typed or printed name of regist | ered agent and title if applicab | ile. (NOT | ΓΕ: Registere | d Agent signature requi | red when re | einstating) | DATE | | | |
| FI After | LE NOW!!! FEE IS \$150 May 1, 2003 Fee will be \$ Payable to Florida Depart | .00 550.00 | , | | | | Election Campaign Financia Trust Fund Contribution. | ng 🔲 | | D May Be to Fees | |
| 10. | | RS AND DIRECTORS | | 11. | | AC | DITIONS/CHANGES TO OFFICER | | | | <u>ا</u> ۾ |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD LINDAHL, C D 352 RIVER DRIVE TEQUESTA FL | | ☐ Delete | | E Et address -st-zip | | cr | | Change | Addition | CR2E034 (10/02) |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | - | Change | Addition | CR2 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ·. | | ☐ Delete | • | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | CITY | EET ADDRESS -ST-ZIP | | | | Change | Addition | |
| 12. I hereby of indicated of the corchanged | certify that the information sup on this report or supplement poration or the receiver or flu , or on an attachment with ar | plied with this filing do Freport is true and ac year empowered to ex addess, with all other | es not qualify f u ate and that cute this repoi like empowere | or the exe my signa rt as requi | mption stated in ture shall have the red by Chapter 6 | Section ne same 607, Flor | 119.07(3)(i), Florida Statutes. I furt legal effect as if made under path; ida Statutes; and that my name ap | her certify that I am a pears in Bl | that the in an officer ock 10 or | nformation or director Block 11 if | |

NAME OF SIGNING OFFICER OR DIRECTOR