

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90101 039 ***150.00

DOCUMENT # 570918

1. Entity Name

DAVID DOLGIN D.D.S., P.A.

Principal Place of Business

**2814 W WATERS AVE
TAMPA FL 33614**

Mailing Address

**2814 W WATERS AVE
TAMPA FL 33614**

2. Principal Place of Business

1311 W. Busch Blvd.

3. Mailing Address

Suite, Apt. #, etc.

TAMPA FL

City & State

Zip **33612**

Country

Zip **33606**

Country

6. Name and Address of Current Registered Agent

**DOLGIN, DAVID
2814 W WATERS AVE.
TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

DAVID DOLGIN

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

502 Riviera Dr.

TAMPA FL

City

FL

Zip Code

33606

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)

4/10/01
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

TITLE **PST** ☐ Delete
NAME **DOLGIN, DAVID**
STREET ADDRESS **2814 W WATERS AVE.**
CITY-ST-ZIP **TAMPA FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PST** ☐ Change ☐ Addition
NAME **DOLGIN, DAVID**
STREET ADDRESS **502 Riviera Dr.**
CITY-ST-ZIP **TAMPA FL 33606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/10/01

813-254-2667

CR2E034 (10/00)