

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

FILED
Aug 18, 2003 8:00 am
Secretary of State

08-18-2003 90171 049 ***150.00

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DOCUMENT # 697530

1. Entity Name
JOHN A. LINDSAY, D.D.S., P.A.



Principal Place of Business
**2600 N. MILITARY TRAIL, SUITE 310
BOCA RATON FL 33431**

Mailing Address
**2600 N. MILITARY TRAIL, SUITE 310
BOCA RATON FL 33431**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2117957**

Applied For

Not Applicable

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

**SHAMEL, C. RICHARD, JR.
212 NORTH FEDERAL HIGHWAY
DEERFIELD BEACH FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

7/4/03

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
**D
LINDSAY, JOHN A.
2900 N.W. 29TH RD.
BOCA RATON FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PST
LINDSAY, JOHN A.
2900 N.W. 29TH RD.
BOCA RATON FL** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/4/03

561-997-4080

Date

Daytime Phone #

CP2E034 (10/02)

Attachment

John A. Lindsay
D.D.S., P.A.
Periodontics and Oral Implantology

10111102

#697530

Date: 8/10/03

To: ~~Dr.~~ FLORIDA Dept of State

Re: Filing - Uniform Business Report

Patient Report

- ☒ Initial Examination
- ☒ Reevaluation
- ☐ Progress Report
- ☐ Periodontal Maintenance

I filed this report online on
4/4/03. (Please see confirmation sheet + #)
Now I find out that it did not go
through.

Now I am filing manually. I do not
feel I owe the penalty, as I did file
on time.

Sincerely, JAL
John A. Lindsay

Attachment**Division of Corporations***10111102*
*# 697530***Receipt**

Your data entry is complete. This is your receipt page. Please print and retain this page for your records.

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Tracking Number: **600015317426**

The charge for your UBR is
\$150.00

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