

**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

0397949 AV

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

4. FEI Number **59-2117957**

Applied For
Not Applicable

CHECK HERE IF MAKING CHANGES.

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

**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

4/4/03

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LINDSAY, JOHN A. 2900 N.W. 29TH RD. BOCA RATON FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/03 561-997-4080
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: 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
John A. Lindsay D.D.S.

Attachment

10111102
697530



Division of Corporations

Receipt

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

Document Number: **697530**

Tracking Number: **600015317426**

The charge for your UBR is
\$150.00

If you want to review your document, use the browser back button to return to page 1 of the data entry. Use the browser forward button to come back to this page.

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If you have any questions, please contact our help desk at (850) 245-6939.

To proceed to pay for the UBR, press the CONTINUE button below.

By pressing the CONTINUE button, your UBR will be placed in processing and no additional UBRs may be filed for this corporation until this one is processed.

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