

2000 UNIFORM BUSINESS REPORT (UBR)

102

DOCUMENT # G00908

1. Entity Name

DANIEL C. COHEN, D.D.S., P.A.

FILED

00 JUL 14 PM 3:02

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2107 59TH ST W
BRADENTON.F L 34209

2107 59TH ST W
BRADENTON.F L 34209-7015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2217999

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

COHEN, DANIEL
2107 59TH ST W
BRADENTON FL 33529

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP COHEN, DANIEL 2107 59TH STREET, WEST BRADENTON FL	<input type="checkbox"/> Delete
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****150.00 ****150.00

KIE

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 #

7/10/00

941-792-4153

202

DANIEL C. COHEN, D.D.S., P.A.

2107 59TH STREET WEST
BRADENTON, FLORIDA 34209
TELEPHONE (941) 792-4153

FAMILY DENTISTRY

7/10/00

Dear Sir,

I recently received a delinquent notice regarding document # 600908.

I have recently undergone stiff turmoil and a divorce. Apparently this document was never filed.

I have financial difficulty at this time and it would certainly help if the delinquent fee of \$400 would be waived.

Thank you for your consideration

Ja BL

Enclosed is a check for \$150.