2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 AM
Secretary of State

DOCUMENT# L67872

Entity Name: CHARLES A. SARLO JR., D.D.S., P.A.

Current Principal Place of Business:

% CAROLYN SARLO
5201 BABCOCK ST. NE, SUITE 6
PALM BAY, FL 329054637

New Principal Place of Business:

CHARLES A. SARLO JR., D.D.S., P.A.
5201 BABCOCK ST. NE, SUITE 6
PALM BAY, FL 329054637

Current Mailing Address:

% CAROLYN SARLO
5201 BABCOCK ST. NE, SUITE 6
PALM BAY, FL 329054637

New Mailing Address:

FEI Number: 59-3013042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SARLO, CAROLYN
563 LAUREL OAK CT NE
PALM BAY, FL 32907

Name and Address of New Registered Agent:

SARLO, CAROLYN F
563 LAUREL OAK CT NE
PALM BAY, FL 32907

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: CAROLYN SARLO 04/30/2002
Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DV ( ) Delete
Name: SARLO, CAROLYN F.,
Address: 563 LAUREL OAK CT N.E.
City-St-Zip: PALM BAY, FL

Title: DP ( ) Delete
Name: SARLO, CHARLES A., J, R.
Address: 563 LAUREL OAK CT N.E.
City-St-Zip: PALM BAY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN SARLO DV 04/30/2002
Electronic Signature of Signing Officer or Director Date