

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000055434

1. Entity Name

JEFFREY M. STEIN, D.D.S., M.S.D., P.A.

FILED
Apr 06, 2000 8:00 am
Secretary of State

04-06-2000 90037 015 ***150.00

Principal Place of Business 1601 S HIGHLAND AVE CLEARWATER FL 33756 US	Mailing Address 1601 S HIGHLAND AVE CLEARWATER FL 33756-1344 US
---	--

2. Principal Place of Business 34669 US HWY 19N Suite, Apt. #, etc.	3. Mailing Address 34669 US HWY 19N Suite, Apt. #, etc.
---	---

City & State Palm Harbor FL	City & State Palm Harbor FL
Zip 34684-2152	Zip 34684-2152
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3256189	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
--	--------------------------------

6. Name and Address of Current Registered Agent STEIN, JEFFREY M 1601 S HIGHLAND AVE CLEARWATER FL 33756	7. Name and Address of New Registered Agent Name Jeffrey M. Stein, DDS, MSD. Street Address (P.O. Box Number is Not Acceptable) 34669 US HIGHWAY 19N City Palm Harbor FL Zip Code 34684
---	---

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 JEFFREY M. STEIN DATE 4-1-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/> \$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	PVPT STEIN, JEFFREY M 1601 S HIGHLAND AVE CLEARWATER FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 34669 US HIGHWAY 19N PALM HARBOR, FL 34684-2152
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: JEFFREY M. STEIN DATE 4-1-2000 DAYTIME PHONE # (727) 789-4450
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)