FILED
Sep 17, 2002 8:00 am
Secretary of State
09-17-2002 90109 025 ***550.00

125525

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000005933

1. Entity Name
SCOTT SCHEURICH, D.M.D., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5528 N. DAVIS HWY.		5528 N. DAVIS HWY.	
Suite, Apt. #, etc. BLDG. B		Suite, Apt. #, etc. BLDG. B	
City & State PENSACOLA, FL		City & State PENSACOLA, FL	
Zip 32503	Country U.S.A.	Zip 32503	Country U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3613188 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: Chase, James L.
Street Address (P.O. Box Number is Not Acceptable): 101 EAST GOVERNMENT STREET
City: PENSACOLA FL Zip Code: 32501

DO NOT WRITE IN THIS SPACE

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	D/P	TITLE	
NAME	SCHEURICH, SCOTT DMD	NAME	
STREET ADDRESS	5528 N. DAVIS HWY, BLDG B	STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA, FL 32503	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034R (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09-10-02 (850)474-0404
Date Daytime Phone #