2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000008759

1. Entity Name

BRIAN W. HAZEN, D.M.D., P.A.

FILED
Aug 30, 2000 8:00 am
Secretary of State
08-30-2000 90006 013 ***550.00

Principal Place of Business	Mailing Address
800 SOUTH NOVA ROAD STE. L ORMOND BEACH FL 32174	800 SOUTH NOVA ROAD STE. L ORMOND BEACH FL 32174

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Brian W. Hazen,DMD,PA		Brian W. Hazen, DMD,PA	
Suite, Apt. #, etc.: 410 Lakebridge Plaza Dr		Suite, Apt. #, etc.: 410 Lakebridge Plaza Dr	
City & State: Ormond Beach, FL.		City & State: Ormond Beach, FL.	
Zip: 32174	Country: Volusia	Zip: 32174	Country: Volusia

4. FEI Number 59-3493875 ☐ Applied For ☐ Not Applicable

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
HAZEN, BRIAN W 6 BULOW'S LANDING FLAGLER BEACH FL 32136	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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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	STPD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	HAZEN, BRIAN		NAME		
STREET ADDRESS	6 BULOW'S LANDING		STREET ADDRESS		
CITY-ST-ZIP	FLAGLER BEACH FL 32136		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (5/00)

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 REQUIRED Brian W. Hazen, DMD, PA 8-22-2000 (904)672-3988
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #