

2000 UNIFORM BUSINESS REPORT (UBR)

1/2

DOCUMENT # P99000035060

1. Entity Name

LOUIS LATULIPPE, D.M.D., P.A.

FILED
Apr 18, 2000 8:00 am
Secretary of State

01-24-2000 90082 048 ***150.00

Principal Place of Business

Mailing Address

16 PROMENADE AT LIONS PAW
DAYTONA BEACH FL 32124

16 PROMENADE AT LIONS PAW
DAYTONA BEACH FL 32124-1500

2. Principal Place of Business

1275 W. Granada Blvd

3. Mailing Address

1275 W. Granada Blvd

Suite, Apt. #, etc.

Suite 6A

Suite, Apt. #, etc.

Suite 6A

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

32174

Country

USA

Zip

32174

Country

USA

4. FEI Number

59-3576894

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LATULIPPE, LOUIS D.M.D.
1275 WEST GRANADA BLVD.
SUITE 6A
ORMOND BEACH FL 32124

7. Name and Address of New Registered Agent

Name

LOUIS LATULIPPE DMD

Street Address (P.O. Box Number is Not Acceptable)

16 Promenade at Lions Paw

City

Daytona Beach, FL

FL

Zip Code

32124

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

Louis Latulippe DMD

1/17/00

(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

TITLE: President
NAME: Louis Latulippe
STREET ADDRESS: 1275 West Granada Blvd Suite 6A
CITY-ST-ZIP: Ormond Beach, FL 32174

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition
NAME: ☐ Change ☐ Addition
STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ Change ☐ Addition

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CITY-ST-ZIP: ☐ Change ☐ 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:

Louis Latulippe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/00

Date

(904) 671-0404

Daytime Phone #

CR2E034 (9/99)