

2002 UNIFORM BUSINESS REPORT (UBR)

0124542 AT

DOCUMENT # **460322**

1. Entity Name
R. GEOFFREY WEIHE, D.D.S., P.A.

FILED

02 DEC -6 AM 11:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**110 KNIGHTS AVE. N.
BRANDON FL 33510-4324**

Mailing Address
**110 KNIGHTS AVE. N.
BRANDON FL 33510-4324**



2. Principal Place of Business
612 DeLeon St.

3. Mailing Address
612 DeLeon St.

REINSTATEMENT
DO NOT WRITE IN THIS SPACE **02**

City & State
Tampa FL

City & State
Tampa FL

4. FEI Number **59-1555053**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WEIHE, R. GEOFFREY DDS
110 KNIGHT AVE. N.
BRANDON FL 33510**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
612 DeLeon St.
City **Tampa** FL Zip Code **33606**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. Geoffrey Weihe, DDS* DATE **11-29-02**

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)

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	PD WEIHE, GEOFFREY D.D.S. 110 KNIGHTS AVENUE BRANDON FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	612 DeLeon St. Tampa, FL 33606 <input checked="" 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	600009006416 11/14/02 01072 004 **750.00 <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
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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: **SIGNATURE REQUIRED** *R. Geoffrey Weihe, DDS* DATE **10-10-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)