

2002 UNIFORM BUSINESS REPORT (UBR)

FILED

02 AUG -1 AM 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0092791 AV

DOCUMENT # 467029

1. Entity Name
ROBERT P. HEARN, D.D.S., P.A.

Principal Place of Business
2201 FOURTH ST NO
SUITE C
ST PETERSBURG FL 33704
US

Mailing Address
2201 FOURTH ST NO
SUITE C
ST PETERSBURG FL 33704
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-1564453

Applied For
Not Applicable

Zip

Country

Zip

Country

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

HEARN, ROBERT P., D.D.S.
2201 FOURTH ST NO SUITE C
ST PETERSBURG FL 33704

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

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, 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 PD
NAME HEARN, ROBERT
STREET ADDRESS 210 BRIGHTWATERS BLVD NE
CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500006852195--9
STREET ADDRESS -08/01/02--01010--017
CITY-ST-ZIP *****150.00 *****150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

7-30-02 727-823-2007

CR2E034 (4/02)

Bay Dental Associates, Inc.

2201 4th Street North Suite C
St. Petersburg, Florida 33704
Robert P. Hearn DDS, PA

Phone (727) 823-2007
Fax (727) 827-0984

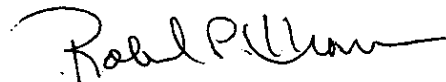
July 31, 2002

Ms. Karon Beyer
Chief/Division of Corporations
Florida Department of State
409 E. Gaines St.
Tallahassee, Fl. 32399

Dear Ms. Beyer,

As per Mr. Jim Martin, please find the check for \$150.00 for the Uniform business Report, year 2002, for Robert P. Hearn DDS, PA. I did not receive the initial request for this report. I will place a tickler on my computer for January 1, 2003 to guard against this happening again. Thank you in advance.

Sincerely,



Robert P. Hearn DDS