

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 475859

1. Entity Name...

O.E. ROLLINGS, D.M.D., P.A.

FILED
Jan 27, 2001 8:00 am
Secretary of State

01-27-2001 90070 046 ***150.00

Principal Place of Business

4117 DEL PRADO BLVD. SOUTH
CAPE CORAL FL 33904
US

Mailing Address

4117 DEL PRADO BLVD. SOUTH
CAPE CORAL FL 33904
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1609017**

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

ROLLINGS, HARVEY
1633 SE 47TH TERRACE
CAPE CORAL FL 33904

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 \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	P ROLLINGS, O.E.	<input type="checkbox"/> Delete
STREET ADDRESS	14410 DUKE HWY	
CITY-ST-ZIP	ALVA FL	
TITLE NAME	STD ROLLINGS, CECILIA B.	<input type="checkbox"/> Delete
STREET ADDRESS	14410 DUKE HWY	
CITY-ST-ZIP	ALVA FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	Rollings O & C	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1025 North Town & River Drive	
CITY-ST-ZIP	Fort Myers FL 33919	
TITLE NAME	Rollings Cecilia B.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1025 North Town & River Drive	
CITY-ST-ZIP	Fort Myers FL 33919	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/01 941-5746569
Date Daytime Phone #

CR2E034 (10/00)