

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 513935

1. Entity Name

ALVIN J. TIGHT, II, D.D.S., P.A.

Principal Place of Business

2626 E COMMERCIAL BLVD
FT. LAUDERDALE FL 33308

Mailing Address

2626 E COMMERCIAL BLVD
FT. LAUDERDALE FL 33308

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1690284

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

TIGHT, ALVIN J., II
2626-B E COMMERCIAL BLVD
FT. LAUDERDALE FL 33308

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
NAME
STREET ADDRESS
CITY-ST-ZIP

PSD
TIGHT, ALVIN J. II
2626-B E COMMERCIAL BLVD
FT LAUDERDALE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

Change Addition

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CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

TITLE
NAME
STREET ADDRESS
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: *ALVIN J. TIGHT*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOSPA

954

7-25-02 7710902

Daytime Phone #

FILED
Jul 30, 2002 8:00 am
Secretary of State

07-30-2002 90382 013 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment 513935/676088

ORTHODONTICS

ALVIN J. TIGHT, II, D.D.S.
2626 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FLORIDA 33308

(954) 771-0902

July 25, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Document # 513935
FEI # 59-1690284

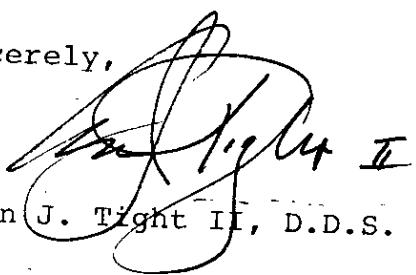
To Whom It May Concern:

This is to inform you in writing that the original UBR payment request form was never received by me or by my accountant. You can see by my previous record that payments have always been made in a timely manner.

I have been advised by your office to enclose a payment for \$150 along with this letter.

Please feel free to contact me if you should have any questions.

Sincerely,


Alvin J. Tight II, D.D.S.

lh/AJT