

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **520663**

1. Entity Name  
**DECK F. COUCH, D.D.S., PROFESSIONAL ASSOCIATION**



Principal Place of Business

**1044 CASTELLO DR.  
SUITE 202  
NAPLES FL 34103  
US**

Mailing Address

**1044 CASTELLO DR.  
SUITE 202  
NAPLES FL 34103  
US**

2. Principal Place of Business

**1020 N. Palafox St.**

3. Mailing Address

**1020 N. Palafox St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Pensacola FL**

City & State

**Pensacola FL**

Zip

**32501**

Country

**U.S.A.**

Zip

**32501**

Country

**USA**

4. FEI Number

**59-1726325**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**COUCH, DECK F.  
1044 CASTELLO DR  
SUITE 202  
PENSACOLA FL 34103**

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

**FILE NOW!!! FEE IS \$550.00  
After September 10, 2003 Fee will be \$750.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **PD**  Delete  
NAME **COUCH, DECK F.**  
STREET ADDRESS **1044 CASTELLO DR**  
CITY-ST-ZIP **NAPLES FL 34103**

TITLE  Change  Addition  
NAME  
STREET ADDRESS **1020 N. Palafox Street**  
CITY-ST-ZIP **Pensacola FL 32501**

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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CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7/27/03 (850) 438-4623**

Daytime Phone #

1090142  
AV

CR2E034 (4/03)



*Attachment #*

The PM Group • Gulf Coast, Inc.

90147239

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Deck F. Couch, D.D.S., P.A.  
Document # 520663  
Uniform Business Report 2003

Dear Sir or Madam:

Please find attached a copy of your second request for the above Report. On behalf of our client, Deck F. Couch, DDS, PA, we would like to offer additional information.

The corporation's office in Naples was sold at the end of 2002, and then relocated to the current address correctly added to the 2003 UBR. Because of the move and the slow forwarding of mail, Dr. Couch never received the first notice that ordinarily would have reminded him to file and remit payment. Attached is the forwarded mail tag from the United States Postal Service showing that the second notice had to be forwarded to Pensacola.

Deck F. Couch, DDS, PA has a favorable history of timely filing and payment; this current issue is merely an irregularity brought on by the relocation of his business from one part of Florida to another. Given these extenuating circumstances, we respectfully request that his \$400.00 late charges be waived, and that he be allowed to pay the \$150.00 that would have been due had he received the first notice.

We thank you in advance for your understanding and for any assistance you may be able to offer this conscientious taxpayer.

Respectfully submitted,  
P.M. Group-Gulf Coast, Inc.

Tim Bishop

tb

cc: Dr. Deck Couch  
John C. Prudhomme