

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 530783

1. Entity Name

HENRY L. DEE, PH.D., P.A.

**FILED**  
**Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90007 041 \*\*\*150.00

Principal Place of Business

1417 LAKELAND HILLS BLVD  
STE 211  
LAKELAND FL 33805  
US

Mailing Address

1417 LAKELAND HILLS BLVD  
STE 211  
LAKELAND FL 33805  
US

2. Principal Place of Business

5131 S. Florida Ave  
Suite, Apt. #, etc.  
Suite 1

3. Mailing Address

5131 S. Florida Ave  
Suite, Apt. #, etc.  
Suite 1

City & State

Lakeland FL

City & State

Lakeland FL

Zip

Country

33813-2514 U.S.A.

Zip

Country

33813-2514 U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1727025

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DEE, HENRY L.  
1417 LAKELAND HILLS BLVD  
STE 211  
LAKELAND FL 33805

7. Name and Address of New Registered Agent

Name

Same

Street Address (P.O. Box Number is Not Acceptable)

5131 S. Florida Ave

Suite 1

City

Lakeland

FL

Zip Code

33813-2514

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

TITLE PDS  
NAME DEE, HENRY L.  
STREET ADDRESS 1417 LAKELAND HILLS BLVD, STE 211  
CITY-ST-ZIP LAKELAND FL

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ 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  
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☐ Change ☐ Addition

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☐ Delete

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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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

813-646-3055

Daytime Phone \*

CR2E034 (10/00)

0528555