

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

FILED
Sep 04, 2002 8:00 am
Secretary of State

09-04-2002 90094 039 ***150.00

DOCUMENT # **587678**

1. Entity Name

SWEETWATER DENTAL GRP, PA.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

901 WEKIVA SPGS RD

3. Mailing Address

901 WEKIVA SPGS RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
LONGWOOD, FL

City & State
LONGWOOD, FL

4. FEI Number

59-1845956

Applied For

Not Applicable

Zip
32779

Country
USA

Zip
32779

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LEONARD N. GLASS DDS

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

901 WEKIVA SPGS RD

City

LONGWOOD

FL

Zip Code
32779

**DO NOT WRITE
IN THIS SPACE**

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)

8/27/02

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.
(See criteria on back)

A

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PTD
LEONARD N. GLASS DDS
7951 LK ROSS LN
SANFORD, FL 32771**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/02

DATE

407-862-3181

Daytime Phone #

CR2E034B (12/01)



978211

August 27, 2002

Uniform Business Report
Division of Corporations
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

Our office never received the forms for the 2002 Uniform Business Report in the early part of the year. Consequently, we did not think of filing until now, and we had to download the forms off your website in order to use them. We politely request that you consider waiving the late filing fee, and allow us to file with the usual fee of \$150.

Sincerely,

Dr. Leonard N. Glass
President, Sweetwater Dental Group