

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90059 050 \*\*\*150.00

**DOCUMENT # 601873**

**1. Entity Name**  
**FRANK ALLEN REYNOLDS DDS PA**

**Principal Place of Business**      **Mailing Address**  
**1184 OCEANSHORE BLVD**      **1184 OCEANSHORE BLVD**  
**ORMOND BEACH FL 32176**      **ORMOND BEACH FL 32176**



DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>		<b>4. FEI Number</b> <b>59-1280170</b>		<b>Applied For</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip	Country	Zip	Country				

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>					
<b>REYNOLDS, FRANK ALLEN</b> <b>1184 OCEANSHORE BLVD</b> <b>ORMOND BEACH FL</b>				Name: <b>FRANK ALLEN REYNOLDS, DDS</b>					
				Street Address (P.O. Box Number is Not Acceptable): <b>1184 OCEANSHORE BLVD</b>					
				City: <b>ORMOND BEACH</b>		State: <b>FL</b>		Zip Code: <b>32176</b>	

**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: FRANK ALLEN REYNOLDS, DDS      Frank Allen Reynolds DDS      15 JAN 02  
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, 2002 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 STREET ADDRESS CITY-ST-ZIP	<b>PDT REYNOLDS, FRANK ALLEN 1184 OCEANSHORE BLVD. ORMOND BEACH FL</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:** FRANK ALLEN REYNOLDS DDS      FRANK A REYNOLDS DDS      15 JAN 02      386-441-1060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

UNIFORM BUSINESS REPORT

CR2E034 (9/01)