

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 17, 2003 8:00 am
Secretary of State

01-17-2003 90086 002 ***150.00

DOCUMENT # 601873

1. Entity Name
FRANK ALLEN REYNOLDS DDS PA



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

Mailing Address
**1184 OCEANSHORE BLVD
ORMOND BEACH FL 32176**

90004699



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **NA**

Suite, Apt. #, etc. **NA**

City & State **NA**

City & State **NA**

Zip **NA**

Country

Zip **NA**

Country

4. FEI Number **59-1280170**

Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**REYNOLDS,FRANK ALLEN
1184 OCEANSIDE BLVD
ORMOND BEACH FL**

Name

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

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 **NA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

**Chk # 18934 15 JAN 03
8:15 PM**

9. Election Campaign Financing
Trust Fund Contribution **NA**

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT**
NAME **REYNOLDS,FRANK ALLEN**
STREET ADDRESS **1184 OCEANSHORE BLVD.**
CITY-ST-ZIP **ORMOND BEACH FL**

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CITY-ST-ZIP

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CITY-ST-ZIP **NA**

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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:

SIGNATURE REQUIRED

Frank Reynolds

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)