

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604558

1. Entity Name

R. A. FERNANDEZ, D.D.S., P.A.

Principal Place of Business

4501 NORTH ARMENIA AVE
TAMPA FL 33603-2703

Mailing Address

4501 NORTH ARMENIA AVE
TAMPA FL 33603-2703

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1472352

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDEZ, R. A. D.D.S.
4501 N. ARMENIA
TAMPA FL 33603

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME PD
STREET ADDRESS FERNANDEZ, R. A.
CITY - ST - ZIP 4501 N. ARMENIA
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME SD
STREET ADDRESS LODATO, FRANK M. JR
CITY - ST - ZIP 2510 W. VIRGINIA
TAMPA FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE
NAME VD
STREET ADDRESS VALENTI, JOSEPH V.
CITY - ST - ZIP 202 N. ARMENIA AVE
TAMPA FL

☐ Delete

TITLE
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STREET ADDRESS
CITY - ST - ZIP ☐ Change ☐ Addition

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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 persons.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

RA FERNANDEZ DDS 03/10/01 813 874-7167

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90057 019 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)