

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 08, 2002 8:00 am**  
**Secretary of State**

07-08-2002 90226 008 \*\*\*150.00

**DOCUMENT # 604595**

1. Entity Name  
**ROBERT T. FERRIS, D.D.S., P.A.**

Principal Place of Business  
**475 MAITLAND AVE.**  
**ALTAMONTE SPRINGS FL 32701**

Mailing Address  
**475 MAITLAND AVE.**  
**ALTAMONTE SPRINGS FL 32701**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1475099**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

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

DO NOT WRITE IN THIS SPACE



## 6. Name and Address of Current Registered Agent

**FERRIS, ROBERT T.**  
**475 MAITLAND AVE.**  
**ALTAMONTE SPRINGS FL 32701**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD FERRIS, ROBERT T 475 MAITLAND AVE. ALTAMONTE SPGS FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**020702 407 8311747**

Date

Daytime Phone #

CR2E034 (4/02)

Attachment

**Robert T. Ferris, D.D.S., Ph.D**  
Periodontics

# 604595  
119093

**Main Office**  
**475 Maitland Avenue**  
**Altamonte Springs, FL 32701**  
**(407) 831-1747**

**120 E. New York Avenue, Suite H**  
**Deland, FL 32724**  
**(904) 738-3151**

Division of Corporations  
Uniform Business Report Filings  
POB 1500  
Tallahassee, FL 32302-1500

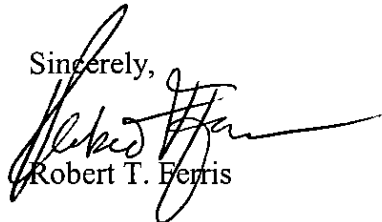
Re: Uniform Business Report Filings 2002

To Whom It May Concern .

Upon receipt of the 2002 Uniform Business Report, this office immediately contacted your business office at (850) 488-9000 to inquire about the increased fee. We were informed that the payment was late. Your office was advised that our first notification arrived at our business office on July 1, 2002. We were instructed by your representative to immediately send the usual amount of \$150.00 with a letter of explanation.

Please find enclosed the check for \$150.00. We are sorry for the payment arriving later than expected, however, we hope you will understand that we did not receive notice until recently. Please contact our office at 407.831.1747 should you require any additional information.

Sincerely,

  
Robert T. Ferris

**Diplomate American Board of Periodontology**