

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90004 033 ***150.00

AV 68668600

DOCUMENT # 615455

1. Entity Name

RICHARD J. FINOCCHI, D.D.S., P.A.

Principal Place of Business

**5454 CENTRAL AVE.
 STE #B
 ST. PETERSBURG FL 33707**

Mailing Address

**5454 CENTRAL AVE.
 STE #B
 ST. PETERSBURG FL 33707**

(LA)



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1706654

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**FINOCCHI, RICHARD J. D PA
 5454 CENTRAL AVE.
 SUITE B
 ST. PETERSBURG FL 33707**

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 \$550.00
After September 12, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FINOCCHI, RICHARD J. 5454 CENTRAL AVE., #B ST. PETERSBURG FL 33707	<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
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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: *Richard J. Finocchi, DDS*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/01 (727) 323-3223
 Date Daytime Phone #

CR2E034 (5/01)



RICHARD J. FINOCCHI, D.D.S., P.A.

D# 618455
B0059837

July 2, 2001

To Whom It May Concern:

Upon receiving this enclosed noticed, I immediately called the Division of Corporations to inform that I had promptly filed the enclosed form along with a check quite some time ago.

As it had not been received, she instructed me to remail the new form along with a letter of explanation and a check for \$150.

I will check with my accountant to see whether or not the check had been cleared from my bank; or if had not been received.

Thank you,

Amy Finocchi