## FOR PROFIT CORPORATION **-UNIFORM BUSINESS REPORT (UBR)**

## FILED Apr 03, 2003 8:00 am Secretary of State

		<u> </u>	 -	
DOCUMENT #  1. Entity Name	616084-	) · · · · · · · · · · · · · · · · · · ·		7
Charles D. Lla	ano, D.D.S.	, P.A.	$\sqrt{}$	
•	-			

DOCUMENT# 616084-  1. Entity Name				02-20-2003 90114 049 ***150.00		
Cha	rles D. Llano, D.D.S	S., P.A.	. √			
!	DO NOT WRIT	É IN THIS S	PACE	•		
	lace of Business Highland Drive	3. Mailing Address 320 W. Highla	and Drive			
Suite, Apt.	-	Suite, Apt. #, etc.	ind Billo	DO NOT WRITE IN THIS SPACE		
City & State Lakelane	ty & State City & State Lakëland, FL 4. FEI Number 59–18908		4. FEI Number 59–1890896	Applied For Not Applicable		
Zip 33813	Country USA	Zip 33813 -	Country USA	Country 5 Certificate of Status Desired   \$8.75 Additions		
	vi er±trav er ± ′ u s		Name	7. Name and Address of Current Registered	Agent	
	DO NOT W	/DITE	and the same of th	Llano, Charles D		
DO NOT WRITE		Street Addres	Street Address (P.O. Box Number is Not Acceptable) 320 W. Highland Drive			
	IN THIS S	PACE				
			City	Lakeland FL	Zip Code 33813	
8. The above	named entity submits this statement	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida.		
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable. (NOT	E. Registered Agent signature requ	uired when reinstating) DATE	n=	
Tax filing re	oration is eligible to satisfy its Intangib equirement and elects to do so. ia on back)	After May Amende	lay 1 Fee is \$150.00 1, Fee is \$550.00 d UBR is \$61.25 ble to Department of \$	10. Election Campaign Financing  Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AN	D DIRECTORS				
TITLE NAME	Llano, Charles D.,	D.D.S.	TITLE NAME			
STREET ADDRESS	320 W. Highland Dr:		STREET ADDRESS			
CITY-ST-ZIP	Lakeland, FL 33813		City-ST-ZIP			
TITLE			TITLE			
NAME STREET ADDRESS			NAME STREET ADDRESS		4	
CITY-ST-ZIP			CITY-ST-ZIP		, , , , , , , , , , , , , , , , , , ,	
TITLE			TITLE			
NAME			NAME OTRECT ADDRESS	and the second of the second o	A - LA MANAGERA ALAMAN SAL NI ALAMA SAL SAL SAL SAL SAL SAL SAL SAL SAL SA	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	DO NOT WRIT	E	
TITLE			TITLE			
NAME			NAME	IN THIS SPAC		
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP		a"	
TITLE, NAME		•	TITLE NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE	····		TITLE		-	
NAME STREET ADDRESS			NAME STREET ADDRESS			
CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	,		
	ertify that the information supplied wit	th this filing does not qualify for		Section 119 07(3)(i) Florida Statutes I further certific	uthat the information	

indicated on this report or supplemental eport 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 on an attachment with an address, with all other like empowered.

SIGNATURE: 2

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Llano

(863)644-2428

Daytime Phone #

## Altachment

## -2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

2/20/2003-90114-049-\$150.00-\$150.00

UNIF	ORM BUSIN	ESS REPOF	RT (UBR)	2/20/2003-90114-049-3130.00	-9150.00	
DOCUMENT # 616084  1. Entity Name CHARLES D. LLANO, D.D.S., P.A.			5502/863			
Principal Place of 8 4676 CLEVELAND I LAKELAND FL 3381	HEIGHTS BLVD	Mailing Address 4676 CLEVELAND HEIG LAKELAND FL 33813-21	· • ·	36		
2. Principal Place	of Business	3. Mailing Address				
320 W High	nland Dr.	320 W Highla	and Dr			
Suite, Apt. #, etc	c.	Suite, Apt. #, etc.	•	. CHECK HERE IF MAKING	3 CHANGES	
City & State Lakeland,	FL	City & State Lakeland, FI		4. FEI Number 59-1890896	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired	\$8.75 Additional	
33813	USA	33813	USA		Fee Required	
B.	-Name and Address of Curren	T Hegistered Agent	Name	7. Name and Address of New Registered	Agent	
LLANO, CHAR 4676 CLEVELA LAKELAND FL	AND HEIGHTS BLVD		Street Addr	Charles LLano, D.D.S., F 320 W Highland Drive		
City			City	Lakeland, Florida 338-13 Zip Code		
the obligations of	ed entity submits this statement of registered agent.		ts registered office or reg	gistered agent, or both, in the State of Florida. I am quired when reinstating)	familiar with, and accept	
After May	NOW!!! FEE IS \$150.00 / 1, 2003 Fee will be \$550.00 able to Florida Department (			9. Election Campaign Financing Trust Fund Contribution.  C	\$5.00 May Be Added to Fees	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 11	
STREET ADDRESS 467	NO, CHARLES D, DDS 6 CLEVELAND HTS BLVD ELAND FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles LLano, D.D.S., 320 W Highland Driv	' <del>e</del>	
TITLE	:	☐ Delete	TITLE	Lakeland, Florida 338	13Change Addition	
NAME	• • • • • • • • • • • • • • • • • • • •		NAME			
STREET ADDRESS 1	•		STREET ADORESS			

CR2E034 (10/02) ■ Addition ☐ Addition CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Addition Delete Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP ☐ Delete nne Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the Information supplied with this fling 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 supplied entering that I am an officer or director of the corporation or the received or trustee entpoyeed 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 of the ay address, yet all other like empowered.

SIGNATURE:

OF PRINTED WAME OF SIGNAMS OF FICER OF DIRECTOR

2/16/03

(863)644-2428

Daytime Phone #