

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

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

02-20-2003 90114 049 ***150.00

DOCUMENT # 616084

1. Entity Name

Charles D. Llano, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

320 W. Highland Drive

Suite, Apt. #, etc.

3. Mailing Address

320 W. Highland Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number
59-1890896

Applied For
Not Applicable

Zip
33813

Country
USA

Zip
33813

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Llano, Charles D. -

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

320 W. Highland Drive

City

Lakeland

FL

Zip Code
33813

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PD
NAME
Llano, Charles D., D.D.S.
STREET ADDRESS
320 W. Highland Drive
CITY-ST-ZIP
Lakeland, FL 33813

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles D. Llano

3/19/03

Date

(863)644-2428

Daytime Phone #

CR2E034B (12/01)

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

Attachment

DOCUMENT # **616084**

1. Entity Name
CHARLES D. LLANO, D.D.S., P.A.



55021863

Principal Place of Business
**4676 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813-2186**

Mailing Address
**4676 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33813-2186**

2. Principal Place of Business
320 W Highland Dr.

3. Mailing Address
320 W Highland Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

4. FEI Number **59-1890896**

Applied For
Not Applicable

Zip
33813

Country
USA

Zip
33813

Country
USA

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

**LLANO, CHARLES D
4676 CLEVELAND HEIGHTS BLVD
LAKELAND FL 33803**

Name
Charles LLano, D.D.S., P.A.
Street Address (P.O. Box Number is Not Acceptable)
320 W Highland Drive
City
Lakeland, Florida 33813 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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LLANO, CHARLES D, DDS
4676 CLEVELAND HTS BLVD
LAKELAND FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Charles LLano, D.D.S., P.A.
320 W Highland Drive
Lakeland, Florida 33813** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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

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:

Charles D. Llano
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/03
Date

(863) 644-2428
Daytime Phone #

CR2E034 (10/02)