2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 633088

BLAIR SNOKE, D.D.S., P.A.

Principal Plac	e of Business	Mailing Address						
		13100-D PARK BLVD. SEMINOLE FL 33776-3501 US						
•					1 (130 0) 3 (1 10 (11 0)	::::::::::::::::::::::::::::::::::::::	JOHN BIRNI BIRNI BIR	II aja ti i as i
2. Principal Place of Business		3. Mailing Address		İ				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		j	DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59	-1949724		oplied For
Zip Country		Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required			ditional d
	6. Name and Address of Current I	Registered Agent	! <u></u>		Name and Address	s of New Registered		
		.	Name				_	
FRICKER, JOHN R. 4437 PARK BLVD.			Street	Street Address (P.O. Box Number is Not Acceptable)				
	ELLAS PARK FL 33781				• ,			
			City			F	L Zip Code	e
8. The above	named entity submits this statement for	the purpose of changing its	registered office	or registered aç	gent, or both, in the	State of Florida.	•	
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent sig	nature required when r	reinstating)	DATE		
		r - ·			1			
 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, 2000 Fee will be \$550.00 Make Check Payable to Department of Sto		\$550.00		mpaign Financing Contribution.		May Be d to Fees
11.	OFFICERS AND	L	12.		DDITIONS/CHANG	ES TO OFFICERS AN	ND DIRECTOR	S IN 11
TITLE	DP	☐ Delete	TITLE				Change	Addition
NAME	SNOKE, BLAIR		NAME					
STREET ANDRESS	13611 PARK BLVD.		STREET ADDRES	ः १३ <u>१</u> ०८	1001E, FL	BUD		
CITY ST ZIP	SEMINOLE FL 33776	<u>_</u>	CITY-ST-ZIP	2 EW	indre t	33176		- Addition
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HILE		☐ Delete	TITLE	j			☐ Change	Addition
			NAME					
ATTECH : ADDRESS	I		STREET ADDRESS	s I				

CITY-ST-ZIP

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 trusted 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.

FILED

May 11, 2000 8:00 am Secretary of State

05-11-2000 90305 049 ***150.00