

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91775 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 649736			
1. Entry Name ALBERT H. KLAIR, D.D.S., P.A.			
2. Principal Place of Business 2261 SARNO ROAD		3. Mailing Address 2261 SARNO ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MELBOURNE, FL		City & State MELBOURNE, FL	
Zip 32935	Country US	Zip 32935	Country US
4. FEI Number 59-1960710		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name VICTOR S. KOSTRO			
Street Address (P.O. Box Number is Not Applicable) 1825 SOUTH RIVERVIEW DRIVE			
City MELBOURNE		FL	Zip Code 32901
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 _____ (NOTE: Registered Agent signature required when reappointing)			
9. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	P/S/T/D		
NAME	KLAIR, ALBERT H.		
STREET ADDRESS	2261 SARNO ROAD		
CITY-ST-ZIP	MELBOURNE, FL 32935		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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 on an attachment with an address, with all other like empowered.			
SIGNATURE: _____		3.30.03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2034B (12/02)