

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90063 032 ***150.00

0934/91 AV

DOCUMENT # 674893

1. Entity Name
THOMAS R. CRAWFORD, D.D.S., P.A.



Principal Place of Business
**1590 N.W. 10TH AVENUE
SUITE 200
BOCA RATON FL 33486**

Mailing Address
**1590 N.W. 10TH AVENUE
SUITE 200
BOCA RATON FL 33486**



2. Principal Place of Business

900 GREENSWARD LN.

3. Mailing Address

900 GREENSWARD LN

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

CHECK HERE IF MAKING CHANGES

City & State

DELRAY BEACH FL

City & State

DELRAY BEACH FL

4. FEI Number

59-2006408

Applied For

Not Applicable

Zip

33445

Country

USA

Zip

33445

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CRAWFORD, THOMAS R., D.D.S.
1590 NW 10TH AVE
SUITE 200
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

Name **CRAWFORD, THOMAS R., DDS**
Street Address (P.O. Box Number is Not Acceptable)
**900 GREENSWARD LN.
#209**
City **DELRAY BEACH FL** Zip Code **33445**

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

[Handwritten Signature]

1-6-03

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	Delete
PDT	CRAWFORD, THOMAS R.	1590 NW 10TH AVE. #200	BOCA RATON FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PDT	CRAWFORD, THOMAS R.	900 GREENSWARD LN. #209	DELRAY BEACH, FL 33445	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

CR2E034 (10/02)

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: *[Handwritten Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03 561-498-8330
Date Daytime Phone #