2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

686380 DOCUMENT

1. Entity Name

PETER B. CLAUSSEN, D.D.S., P.A.



FILED Jan 07, 2003 8:00 am Secretary of State 01-07-2003 90030 017 ***150.00

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Principal Place of Business 2636 JENKS AVENUE PANAMA CITY FL 32405			2636	Mailing Address 2636 JENKS AVENUE PANAMA CITY FL 32405							
2. Principal Pl	lace of Busine	SS	3. Mail	3. Mailing Address				S COURSE ON ON TOTAL DISEASE FROM TARRES	BB[B	, Blail Blail Bi	861 810 16 (99 6
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State			City	City & State				59-2021641			plied For t Applicable
Zip Country			Zip	Zip Count			5. (Certificate of Status Desired		8.75 Add ee Required	
6. Name and Address of Current Registered Agent							7. N	Name and Address of New Re	gistered Ag	ent	
	6. Name a	ina Address of Curre	iit negistere	- Agent		Name			<u></u>		
	N, PETER B	DDS		Street Addres			s (P.O. Box Number is Not Acceptable)				
2636 JEN	ks avenue										
PANAMA	CITY FL 324	05									
		4							FL	Zip Code	
	named entity tions of registe		t for the purp	ose of changing its	s registere	ed office or regis	tered ag	ent, or both, in the State of Flor	da. 1 am fai	miliar with,	and accept
SIGNATURE .	Signature, typed or	r printed name of registered ag	ent and title if app	olicable. (NO	TE: Registere	d Agent signature requ	ired when re	einstating)	DATE		
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After	r May 1, 2003	FEE IS \$150.00 Fee will be \$550.0 Florida Departmen	00 t of State					Election Campaign Fina Trust Fund Contribution			May Be I to Fees
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40 I havalari	cortify that the	information eupplied	with this filing	a does not qualify f	or the exe	emotion stated in	n Section	119.07(3)(i), Florida Statutes. !	turtner certi	ry that the i	mornation

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.

Peter B. Claussen D. D. S.

If 4/03 850-785-101/