## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

1021 S. RIDGEWOOD AVE. SUITE #1

## DOCUMENT #

Principal Place of Business

1021 S. RIDGEWOOD AVE. SUITE #1

1. Entity Name

693871

RICHARD A. FRANCE, D.D.S., P.A.



## FILED Feb 03, 2003 8:00 am Secretary of State

02-03-2003 90297 005 \*\*\*150.00

90016896

DAYTONA BE	EACH FL 3211	4-6198	DAYTONA BEACH FL 32114-6198												
2. Principal P	Place of Busir	ness	3. Mailing Address												
Suite, Apt.	#, etc.	*****	Suite, Apt. #, etc.					☐ ÇHECK HERE IF MAKING CHANGES							
City & Stat	e		City & State			4		4. FEI Number 59-2109725			[	Applied For Not Applicable			
Zip Country			Zip	Zip C				<b>5.</b> C	Certificate of S				\$8.7 Fee R	5 Add	litional
120 00	6. Name	and Address of Current	Reaistered	Agent		<u> </u>		7. N	Name and Add	fress of Ne	w Rea	isterer		7	
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	RICHARD /					Street A	ddress (P.	O. Bo	ox Number is	Not Accept	able)				
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DAYTONA	BEACH FI	L 32114-3198													
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8. The above the obligat	named entity ions of regist	y submits this statement for ered agent.	r the purpos	e of changing its r	registere	ed office or	registered	d age	ent, or both, in	the State o	f Florid	a. Ian	n familiar	with,	and accept
SIGNATURE -	Signature typed	or printed name of registered agent a	and title if applies	Sto (NOTE	0	4.8									
<del> </del>	oignature, typeo	or printed herite or registered against	по ине и аррисе	(NOTE:		d Agent signatu	ne redoiled w	men rei	instating)			DATE			<del></del>
FI	ILE NOW!!	! FEE IS \$150.00							A Classia	- ^	. F!	-!		<b>^-</b> ^	^
After May 1, 2003 Fee will be \$550.00										n Campaigr und Contrib					O May Be to Fees
Make Check Payable to Florida Department of State									iiustii	una Contino	unon.		ш .	Added	IU FEES
10.	OFFICERS AND DIRECTORS 11							ADI	DITIONS/CHA	ANGES TO	OFFICE	RS AN	ID DIREC	CTORS	S IN 11
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NAME		RICHARD A			NAME	:									
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2. 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>/-3/~0</u>

Daytime Phone #

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