

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F29833

1. Entity Name

JOHN S. HULING DDS, MS, PA

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90054 015 ***550.00

Principal Place of Business

% JOHN S HULING
8353 SW 124TH STREET
MIAMI FL 33156

Mailing Address

% JOHN S HULING
8353 SW 124TH STREET
MIAMI FL 33156

UUU70476

2. Principal Place of Business

JOHN S HULING
Suite, Apt. #, etc.
311 BAYRIDGE PLACE

3. Mailing Address

JOHN S. HULING
Suite, Apt. #, etc.
311 BAYRIDGE PLACE

City & State
PUNTA GORDA, FL

City & State
PUNTA GORDA, FL

Zip
33950

Country
USA

Zip
33950

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2108221

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HULING, JOHN S
8353 SW 124TH STREET
MIAMI FL 33156

7. Name and Address of New Registered Agent

Name HULING, JOHN S.
Street Address (P.O. Box Number is Not Acceptable)
311 BAYRIDGE PLACE
City PUNTA GORDA, FL Zip Code 33950

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.

SIGNATURE John S. Huling
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/4/00
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
NAME HULING, JOHN S
STREET ADDRESS 311 BAYRIDGE PL
CITY-ST-ZIP PUNTA GORDA FL 33950 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 trustee 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.

SIGNATURE:

John S. Huling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/00
Date

941-505-423
Daytime Phone #

CH 0.4 (5/00)