## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## F33651 **DOCUMENT #**

1. Entity Name

FAMILY DENTISTREE OF SARASOTA, INC.



**FILED** Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90275 026 \*\*\*150.00

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C/O CHRISTIANS 2850 S. OSPREY SARASOTA FL 3		C/O CHRIST 63 SARASO	Mailing Address C/O CHRISTIANSEN & DEHNER. P.A. 63 SARASOTA CNTR BLVD STE 107 SARASOTA FL 34240  3. Mailing Address							
2. Principal Plac	ce of Business	3. Mailing A								
Suite, Apt. #,	, etc.	Suite, Apt	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES  Applied For				
City & State	¥	City & Sta	City & State			4. FEI Number 6	5-0044366			pplicable
Zip	Country	Zip		Count	ry	5. Certificate of Sta		Fee	Required	onat
	6. Name and Address of Curr	ent Registered Ag	ent			7. Name and Add	ess of New Heg	istered Age		
	<u> </u>				Name					
CHRISTIAN	SEN & DEHNER, P.A.				Street Addres	s (P.O. Box Number is N	lot Acceptable)			
	OTA CNTR BLVD, STE 107					<del></del>				
SARASOTA	**				City			FL	Zip Code	
	named antity submits this statement		· C - L - a - i a a i i	n register	ed office or regis	stered agent, or both, in	the State of Flori	da. I am far	niliar with, ar	nd accept
8. The above the obligation	named antity submits this stateme ons of revisions and	ent for the purpose	or changing it	s register	og omee at reg.					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	a. (NO	TE: Registere	ed Agent signature req	uired when reinstating)		DATE		
Δfter	ILE NOW!!! FEE IS \$150.00 May 1, 2003 Fee will be \$550	).00 "				Trust F	n Campaign Fina und Contribution.	. ⊔	Added	
Make Check	Payable to Florida Departme	AND DIRECTORS		11	<del></del>	ADDITIONS/CHA	ANGES TO OFFIC			IN 11
10.		AND DIRECTORS	☐ Delete	TIT					☐ Change	Addition
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I nereby 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 employered 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: