

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90314 012 \*\*\*150.00

**DOCUMENT # F60971**

1. Entity Name

ALAN J. FRANK, D.D.S., P.A.



Principal Place of Business

% ALAN J. FRANK, D.D.S.  
3313 OSPREY AVENUE SOUTH  
SARASOTA FL 34239

Mailing Address

5032 MAHOGANY RUN AVENUE  
SARASOTA FL 34241  
US

2. Principal Place of Business

57 BLACKBERRY LANE

3. Mailing Address

57 BLACKBERRY LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MAGGIE VALLEY, NC

City & State

MAGGIE VALLEY, NC

Zip

28751

Country

USA

Zip

28751

Country

USA

4. FEI Number

59-2144365

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FRANK, ALAN J., D.D.S.

5032 MAHOGANY RUN AVENUE

SARASOTA FL 34241

7. Name and Address of New Registered Agent

Name

ALLAN LICHENSTEIN, CPA

Street Address (P.O. Box Number is Not Acceptable)

2501 South Tamiami TRAIL

City

SARASOTA

FL

Zip Code

34239

I, the above named entity submit 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

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

TITLE DP  
NAME FRANK, ALAN J DDS  
STREET ADDRESS 5032 MAHOGANY RUN AVENUE  
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE ST  
NAME FRANK, ALAN J DDS  
STREET ADDRESS 5032 MAHOGANY RUN AVENUE  
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE AT  
NAME FRANK, SHARYN L  
STREET ADDRESS 5032 MAHOGANY RUN AVENUE  
CITY-ST-ZIP SARASOTA FL 34241 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP  
NAME FRANK, ALAN J DDS  
STREET ADDRESS 57 BLACKBERRY LANE  
CITY-ST-ZIP MAGGIE VALLEY, NC 28751 ☒ Change ☐ Addition

TITLE ST  
NAME FRANK, ALAN J DDS  
STREET ADDRESS 57 BLACKBERRY LANE  
CITY-ST-ZIP MAGGIE VALLEY, NC 28751 ☒ Change ☐ Addition

TITLE AT  
NAME FRANK, SHARYN L  
STREET ADDRESS 57 BLACKBERRY LANE  
CITY-ST-ZIP MAGGIE VALLEY, NC 28751 ☒ Change ☐ Addition

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

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)