

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90173 019 ***150.00

DOCUMENT # F93000004873

1. Entity Name
MARK J FLEMING, D.D.S., INC.



Principal Place of Business **2924 UNIVERSITY PARKWAY**
6010 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

Mailing Address **2924 UNIVERSITY PARKWAY**
6010 NORTH LOCKWOOD RIDGE ROAD
SARASOTA FL 34243

11009732



2. Principal Place of Business
2924 UNIVERSITY PARKWAY
Suite, Apt. #, etc.

3. Mailing Address
2924 UNIVERSITY PARKWAY
Suite, Apt. #, etc.

☒ CHECK HERE IF MAKING CHANGES

City & State **SARASOTA, FL**
Zip **34243** **Country** **SARASOTA**

City & State **SARASOTA, FL**
Zip **34243** **Country** **SARASOTA**

4. FEI Number **31-1113591** **Applied For**
Not Applicable

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

6. Name and Address of Current Registered Agent
FLEMING, MARK J D.D.S.
6010 NORTH LOCKWOOD RIDGE ROAD **2924 UNIVERSITY PARKWAY**
SARASOTA FL 34243

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** **Zip Code**

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. 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 15, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PC FLEMING, MARK J D.D.S. 6010 NORTH LOCKWOOD RIDGE ROAD SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FLEMING, LORELEI S 6010 NORTH LOCKWOOD RIDGE ROAD SARASOTA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2924 UNIVERSITY PARKWAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2924 UNIVERSITY PARKWAY SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: *Mark J Fleming* **MARK J FLEMING DDS** **4/21/03** **941-359-2151**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2034 (10/02)