

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90072 002 ***150.00

DOCUMENT # G05345

i. Entity Name

T.M. MCHENRY, D.D.S., P.A.

Principal Place of Business

Mailing Address

**214 E EUGALLIE BLVD
HARBOR BEACH FL 32937**

**214 E EUGALLIE BLVD
INDIAN HARBOUR BEACH FL 32937-4874
US**

Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2227585**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KOSTRO, VICTOR S
1825 S RIVERVIEW DR
MELBOURNE FL 32901**

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State**

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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

ADDRESS ST-ZIP	PST MCHENRY DDS, T MICHAEL 214 EAU GALLIE BLVD EAST INDIAN HARBOUR BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP	AS MCHENRY, DEBORAH F. 214 EAU GALLIE BLVD EAST INDIAN HARBOUR BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP	D MCHENRY, T.M. 214 EAU GALLIE BLVD EAST INDIAN HARBOUR BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
ADDRESS ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

PLEASE SIGN & DATE

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 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:

SIGNATURE OF MICHAEL MCHENRY, DDS
T. MICHAEL MCHENRY, DDS

Date

Daytime Phone #

4-5-00 321-779-8787

CR2E034 (9/99)