

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90993 001 ***150.00

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DOCUMENT # G05345

1. Entity Name

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



Principal Place of Business

**214 E EAU GALLIE BLVD
INDIAN HARBOR BEACH FL 32937
US**

Mailing Address

**214 E EAU GALLIE BLVD
INDIAN HARBOUR BEACH FL 32937
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-2227585

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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-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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE:

T. MICHAEL MCHENRY DDS **Michael M Henry DDS** 4-24-03 326-779-8787

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)