2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # G70449** MILTON A. CLEMENT, JR., D.D.S. P.A. Principal Place of Business Mailing Address C/O CARL G. SANTANGELO C/O CARL G. SANTANGELO 602 N. THORNTON AVE 602 N. THORNTON AVE ORLANDO FL 32803 ORLANDO FL 32803 -2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Country 6. Name and Address of Current Registered Agent Name SANTANGELO, CARL G.

1512 E. BROWARD BLVD.

9. This corporation is eligible to satisfy its Intaggible

CLEMENT, MILTON A., JR.

602 N. THORNTON AVE.

Tax filing requirement and elects to do so.

ORLANDO FL

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

OFFICERS AND DIRECTORS

FT. LAUDERDALE FL

SUITE 200

(See criteria on back)

SIGNATURE

11.

TITLE

NAME

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

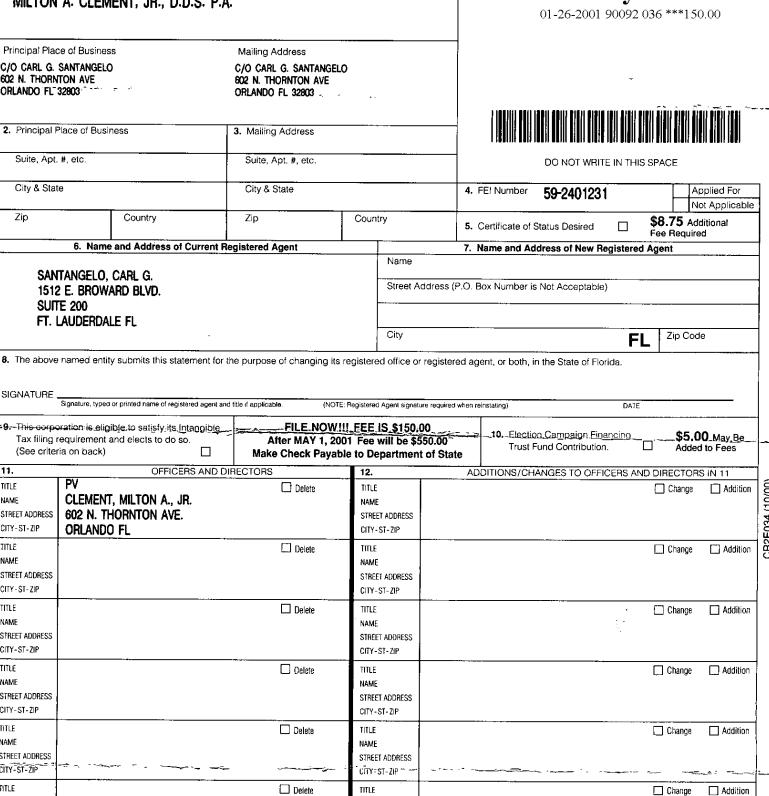
STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

FILED Jan 26, 2001 8:00 am Secretary of State



CITY-ST-ZIP		CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered. SIGNATURE: SIGNATURE AND TYPED SECRITICAL PROPERTY PRECTOR DEPT PROPERTY PROPE			

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State

☐ Delete

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12.

TITLE

NAME

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STREET ADDRESS

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CITY-ST-ZIP

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