

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G92457

1. Entity Name

ANDREW S. SCOTT D.D.S., P.A.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90219 018 ***150.00

Principal Place of Business Mailing Address
% ANDREW S. SCOTT D.D.S.
4400 HIGHWAY 20 EAST, SUITE 111
NICEVILLE FL 32578 % ANDREW S. SCOTT D.D.S.
4400 HIGHWAY 20 EAST, SUITE 111
NICEVILLE FL 32578-9735

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2434597**

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

SCOTT, ANDREW S., D.D.S., P.A.
4400 HIGHWAY 20 EAST
SUITE 111
NICEVILLE FL 32578

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.

SIGNATURE X

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

2-24-00

9. 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME SCOTT, ANDREW S. D.D.S.,
STREET ADDRESS 4400 HWY 20 EAST #111
CITY-ST-ZIP NICEVILLE FL

☐ Delete

TITLE
NAME
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☐ Change ☐ Addition

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☐ 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:

Andrew S. Scott ANDREW S. SCOTT, D.D.S.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/24/2001 - 805-977-4171

CR2E034 (9/99)