

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H20468

1. Entity Name

PETER A. PULLON, D.D.S., P.A.

FILED
Aug 08, 2000 8:00 am
Secretary of State

08-08-2000 90011 009 ***150.00

Principal Place of Business

11380 PROSPERITY FARMS ROAD #214A
PALM BEACH GARDENS FL 33410-0450

Mailing Address

11380 PROSPERITY FARMS ROAD #214A
PALM BEACH GARDENS FL 33410-0450

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2453133

Applied For

Not Applicable

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

PULLON, PETER A., D.D.S.
11380 PROSPERITY FARMS RD #214A
PALM BEACH GARDENS FL 33410-0450

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME PULLON, PETER A., D.D.S.
STREET ADDRESS 11380 PROSPERITY FM.214A
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ST ☐ Delete
NAME PULLON, PETER A., D.D.S.
STREET ADDRESS 11380 PROSPERITY FM.214A
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/00

Date

561-627-9166

Daytime Phone #

CR2E034 (5/00)

attachment
1420468
10091485

Peter A. Pullon, D.D.S., P.A.

Endodontics and Oral Pathology
11380 Prosperity Farms Road
Suite 214
Palm Beach Gardens, FL 33410
(561) 627-9166

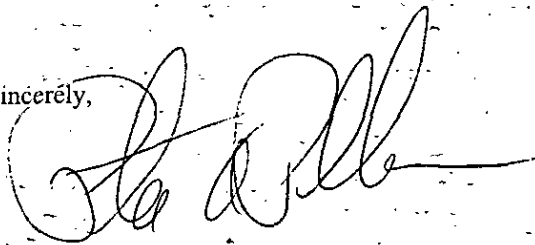
August 01, 2000

Division of Corporations
Florida Department of State
P O Box 6327
Tallahassee, Florida 32314

Dear Sirs,

I am in receipt of your 2000 Uniform Business Report. This indicates that we failed to file an earlier report but we did not receive the earlier copy. On this basis I have contacted my accountant and he informs me that the fee for this report should be \$150.00. I have enclosed a check for that amount. I hope this satisfies your requirements.

Sincerely,



Peter A. Pullon, D.D.S., M.S., P.A.