

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H28913

1. Entity Name

DENIS B. FALCON, D.M.D., P.A.

FILED
Sep 07, 2000 8:00 am
Secretary of State

09-07-2000 90004 019 ***150.00

Principal Place of Business

2299 9TH AVENUE NORTH
SUITE #2-A
ST. PETERSBURG FL 33713

Mailing Address

2299 9TH AVENUE NORTH
SUITE #2-A
ST. PETERSBURG FL 33713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2940604

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

FALCON, DENIS B
7287 123RD ST. NORTH
SEMINOLE FL 34642

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
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
FALCON, DENIS B.
7287 123RD STREET NORTH
SEMINOLE FL 34642 ☐ 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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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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:

DENIS B. FALCON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (500)

attachment doc #

H 28913

B0105132

EDWARD H. WHITE II MEDICAL COMPLEX
2299 NINTH AVENUE NORTH, SUITE 2-A
ST. PETERSBURG, FLORIDA 33713
TELEPHONE (813) 321-6155

Denis B. Falcon, D.M.D.

GENERAL DENTISTRY

August 28, 2000

Division of Corporations
Attn: Annual Report Section
P.O. Box 6327
Tallahassee, FL 32314

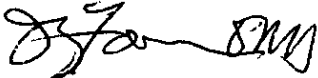
RE: Annual Report (2000)

To Whom It Concerns:

I received a "2nd Notice" for my year 2000 Profit Corporation Annual Report, forwarded to me from another address, but I did not receive any first notice prior to this one.

I called your offices to tell them this and I was told to enclose this letter informing of the lack of a first notice, to enclose the \$150.00 filing fee, and to complete this "2nd Notice" per instructions. Thank you.

Sincerely,



Denis B. Falcon, D.M.D.

cc: general file