

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90052 044 ***150.00

DOCUMENT # H57697

1. Entity Name

DAVID W. DEMPSEY, D.D.S., P.A.

Principal Place of Business

**6641 MADISON STREET
 NEW PORT RICHEY FL 34652**

Mailing Address

**6641 MADISON STREET
 NEW PORT RICHEY FL 34652**

2. Principal Place of Business

261 US 27 N

3. Mailing Address

261 US 27 N

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING FL

City & State

SEBRING FL

4. FEI Number

59-2535455

Applied For

Not Applicable

Zip

33870

Country

**USA
 HIGHLANDS**

Zip

33870

Country

**USA
 HIGHLANDS**

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

DEMPSEY, DAVID

6641 MADISON STREET

NEW PORT RICHEY FL 34652

7. Name and Address of New Registered Agent

Name

DAVID W. DEMPSEY

Street Address (P.O. Box Number is Not Acceptable)

261 US 27 N

City

SEBRING, FL

FL

Zip Code

33870

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

David W. Dempsey
 Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-15-02

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, 2002 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

TITLE ☐ Delete
 NAME **DP**
 STREET ADDRESS **DEMPSEY, DAVID**
 CITY-ST-ZIP **6641 MADISON ST
 NEW PORT RICHEY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **DP**
 STREET ADDRESS **DAVID W. DEMPSEY**
 CITY-ST-ZIP **261 US 27 N
 SEBRING FL 33870**

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

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

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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:

David W. Dempsey
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-15-02

Daytime Phone #

813 382 2816

CR2E034 (9/01)