## **2002 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT#** H89060

1. Entity Name JOHN R. HARRISON, D.D.S., P.A. Principal Place of Business Mailing Address C/O JOHN HARRISON C/O JOHN HARRISON 7463 CONROY RD STE B 7463 CONROY RD STE B ORLANDO FL 32835-2762 ORLANDO FL 32835-2762



FILED
Jul 09, 2002 8:00 am
Secretary of State
07-09-2002 90018 006 \*\*\*550.00

Suite, Apt. #, etc.  City & State  Country  Zip  Country  S, Certificate of Status Desired  \$8.75 Additional See Required  \$8.75 Additional See Required  \$8.76 Additional See Required  \$9.76 Additional
Zip Country Zip Country 5, Certificate of Status Desired Sequitor of Status Desired Sequitor of Sequit
5. Certificate of Status Desired   \$30.79 Additional Fee Required Repet   \$30.79 Additional Fee Required   \$30.79 Additional Fee Req
HARRISON, JOHN R. 7463 CONROY-RD. SUITE B ORLANDO FL 32835  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Signature, typed or printed name of registered agent and title if applicable.  PLE NOW!!! FEE IS \$50.00 After September 13, 2002 Fee will be \$750.00 Make Check Payable to Department of State  10. Election Campaign Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TILE NAME STREET ADDRESS CITY-ST-2IP  TILE NAME STREET ADDRESS CITY-ST-2IP  Delete TILE NAME STREET ADDRESS CITY-ST-2IP Delete TILE NAME STREET ADDRESS CITY-ST-2IP Delete TILE NAME STREET ADDRESS CITY-ST-2IP Delete TILE NAME STREET ADDRESS CITY-ST-2IP Delete TILE NAME STREET ADDRESS CITY-ST-2IP Delete TILE NAME STREET ADDRESS CITY-ST-2IP Delete TILE NAME STREET ADDRESS CITY-ST-2IP STRE
HARRISON, JOHN R. 7463 CONROY RD. SUITE B ORLANDO FL 32835  City  City  FL  Zip Code  Title Address (P.O. Box Number is Not Acceptable)  Title Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Title Address (P.O. Box Number is Not Acceptable)  Title Address (P.O. Box Number is Not Acceptable)  FL  Zip Code  Title Now iii registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the ill applicable.  (NOTE Registered Agent signature required when rematatory)  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State  Title  DP  Added to Feess  TITLE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADDRESS  STREET ADDR
SUITE B ORLANDO FL 32835  City  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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstation)  Part September 13, 2002 Fee will be \$750.00  After September 13, 2002 Fee will be \$750.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  NAME  HARRISON, JOHN R.  7463 CONROY RD-STE B  ORLANDO FL  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  STRE
ORLANDO FL 32835  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Title  DP  HARRISON, JOHN R.  THLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CHARGE  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition
ORLANDO FL 32835  City  City  FL  Zip Code  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  Signature, typed or printed name of registered agent and title if applicable.  Signature, typed or printed name of registered agent and title if applicable.  NOTE: Registered Agent signature required when reinstating)  DATE  9. This corporation is elligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  Title  DP  HARRISON, JOHN R.  THLE  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  Delete  TITLE  MAME  STREET ADDRESS  CITY-ST-ZIP  CHARGE  Change Addition  Addition  Addition  Change Addition  Addition  Change Addition
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13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. Liturther 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.

Daytime Phone #