2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 26, 2002 8:00 am 8 Secretary of State DOCUMENT # J47800 1. Entity Name LAKE MARY DENTAL, P.A. Principal Place of Business Mailing Address 114 TIMBERLACHEN CIR 114 TIMBERLACHEN CIR LAKE MARY FL 32746 LAKE MARY FL 32746 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2745999 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PYLE, KENNETH Street Address (P.O. Box Number is Not Acceptable) 114 TIMBERLACHEN CIR LAKE MARY FL 32746 City Zip Code FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME PYLE, KENNETH NAME STREET ADDRESS 114 TIMBERLACHEN CIR STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP udify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information d that my signature shall have the same legal effect as if made under oath; that I am an officer or director specifies a required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and applied. of the corporation or the receiver or trustee empoy changed, or on an attachment with an address.