

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91518 050 ***150.00

DOCUMENT # J82134 ✓
1. Entity Name
JESS R. RIFKIN, DDS., P.A.

DO NOT WRITE IN THIS SPACE

643482

2. Principal Place of Business
1289 COURT ST
Suite, Apt. #, etc.

3. Mailing Address
1289 COURT ST
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
CLEARWATER, FL

City & State
CLEARWATER, FL

Zip
33756 Country
FLORIDA

Zip
33756 Country
FLORIDA

4. FEI Number
59-2818989

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DR. JESS R. RIFKIN

Street Address (P.O. Box Number is Not Acceptable)
324 12th AVE

City
INDIAN ROCKS BEACH FL Zip Code
33785

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>D JESS R. RIFKIN 324 12th AVE INDIAN ROCKS BEACH, FL. 33785</u>
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] Date 4/16/02 Daytime Phone # (727)442-2358

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01)