2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State
01-10-2003 90218 026 ***150.00

040172 AV

DOCUMENT # K43763

1. Entity Name
JOHN M. CHERRY D.M.D., P.A.

Principal Place of Business	Mailing Address
BRANDON CENTRE SOUTH 1959 W LUMSDEN ROAD BRANDON FL 33511	BRANDON CENTRE SOUTH 1959 W LUMSDEN ROAD BRANDON FL 33511

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-2916409 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHERRY, JOHN M.
BRANDON CENTRE SOUTH
1959 W LUMSDEN ROAD
BRANDON FL 33511

7. Name and Address of New Registered Agent

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. 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 reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHERRY, JOHN 1959 W. LUMSDEN ROAD BRANDON FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment K43763

HAMILTON AND PHILLIPS PA 70005426

CERTIFIED PUBLIC ACCOUNTANTS

777 W. LUMSDEN ROAD

BRANDON, FL 33511

(813)689-7480 fax (813)685-0075

INSTRUCTIONS FOR FILING
UNIFORM BUSINESS REPORT (UBR)

DATE: **1/06/03**

TO: **John M Cherry DMD PA**

In accordance with your request we have prepared your Uniform Business Report filing for the year 2003. Please examine carefully and if you have any questions, please do not hesitate to contact us.

SIGNATURE:	The return should be signed, dated, and title indicated by any one principal officer.
TAX DUE:	Filing fee is $150.00. However, after May 1st, the fee will be $550.00. Make check payable to **"Department of State"**.
MAIL RETURN TO:	Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee, FL 32302-1500
RETURN DUE DATE:	The Division of Corporations must receive Return by **May 1, 2003.**
TAXPAYER COPY:	Sign and date the attached copy and retain for your files.