

2001 UNIFORM BUSINESS REPORT (UBR)

0006302
AF

DOCUMENT # L00000006290

1. Entity Name

SAMUEL L. KRETZSCHMAR, JR., D.D.S., P.L.

Principal Place of Business

2280 BENT PINE STREET
MELBOURNE FL 32935

Mailing Address

2280 BENT PINE STREET
MELBOURNE FL 32935

2. Principal Place of Business

4301 N. WICKHAM RD, SUITE 9

3. Mailing Address

4301 N. WICKHAM RD

Suite, Apt. #, etc.

SUITE 9

Suite, Apt. #, etc.

SUITE 9

City & State

MELBOURNE, FL

City & State

MELBOURNE, FL

Zip

32935

Country

USA

Zip

32935

Country

USA

6. Name and Address of Current Registered Agent

ANDERSON, J. PATRICK

930 S. HARBOR CITY BOULEVARD, SUITE 505

MELBOURNE FL 32901

4. FEI Number

59-3650812

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME MGR
STREET ADDRESS KRETZSCHMAR, SAMUEL L JR, D.D
CITY-ST-ZIP 2280 BENT PINE STREET
MELBOURNE FL 32935 ☐ Delete

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☒ Change ☐ Addition
STREET ADDRESS 4301 N. WICKHAM RD, SUITE 9
CITY-ST-ZIP MELBOURNE, FL 32935

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

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 700004335757-6
CITY-ST-ZIP -05/31/01--01045--015
*****50.00 *****50.00

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

30 APR 2001

(321) 242-2236

Date

Daytime Phone #

CR2E083 (11/00)