

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90372 013 ****55.00

DOCUMENT # L00000006290

1. Entity Name

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

Principal Place of Business

**4301 W WICKHAM RD
 SUITE 9
 MELBOURNE FL 32935**

Mailing Address

**4301 W WICKHAM RD
 SUITE 9
 MELBOURNE FL 32935**

955239

2. Principal Place of Business

4301 NORTH WICKHAM RD

Suite, Apt. #, etc.
Suite 9

City & State
MELBOURNE FL

Zip
32935

Country
USA

3. Mailing Address

4301 NORTH WICKHAM RD

Suite, Apt. #, etc.
Suite 9

City & State
MELBOURNE FL

Zip
32935

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3650812

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ANDERSON, J. PATRICK
 930 S. HARBOR CITY BOULEVARD, SUITE 505
 MELBOURNE FL 32901**

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE
MGR
 NAME
KRETZSCHMAR, SAMUEL L JR, D.D
 STREET ADDRESS
4301 W WICKHAM RD SUITE 9
 CITY-ST-ZIP
MELBOURNE FL 32935

☐ Delete

TITLE
 NAME
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10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
4301 NORTH WICKHAM RD SUITE 9

☒ Change ☐ Addition

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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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:

Samuel L. Kretzschmar, Jr.

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

20 APR 2002 (321) 242-2236

Date

Daytime Phone #

CR2E083 (9/01)