

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90245 014 \*\*\*150.00

**DOCUMENT # L97000000023**

1. Entity Name

**DAHLMAN PROFESSIONAL CENTER, L.C.**

Principal Place of Business

**14 SUNTREE PLACE, SUITE 101  
MELBOURNE FL 32940**

Mailing Address

**14 SUNTREE PLACE, SUITE 101  
MELBOURNE FL 32940**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3417008**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KING, SHIRLEY  
14 SUNTREE PLACE, SUITE 101  
MELBOURNE FL 32940**

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

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MGRM KING, SHIRLEY 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940</b>			
<b>MGRM DAHLMAN, DENNIS 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940</b>			
<b>MGRM BACCUS, SHIRLEY 14 SUNTREE PLACE, SUITE 101 MELBOURNE FL 32940</b>			

CR2E083 (9/01)

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 Required*

*1-9-2002*

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

Date

Daytime Phone #