

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 11, 2003 8:00 am
Secretary of State

06-11-2003 90063 005 ***150.00

DOCUMENT # M35423

1. Entity Name
GENE H. TONN, D.D.S., PROFESSIONAL ASSOCIATION



Principal Place of Business
**7500 NW 5TH ST
PLANTATION FL 33317-1612**

Mailing Address
**7500 NW 5TH ST
PLANTATION FL 33317-1612**

2. Principal Place of Business

3. Mailing Address

7201 NW 9TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Plantation, FL

Zip

Country

Zip

Country

33317

4. FEI Number **59-2702572**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TONN, GENE H
7500 NW 5TH ST
PLANTATION FL**

Name

Gene H. Tonn

Street Address (P.O. Box Number is Not Acceptable)

7201 NW 9TH ST

City

Plantation

FL

Zip Code

33317

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	PD TONN, GENE H 7500 NW 5TH ST PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TONN, JANE A 7500 NW 5 ST PLANTATION FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Gene H. Tonn

Date

6/7/03 828-456-9058

Daytime Phone #

CR2E034 (10/02)

Attachment

Gene H. Tonn
259 Semeion Ridge
Waynesville, NC 28786
828 456-9058

90139246

M35423

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

Dear Sir/Madam:

Due to a change of address, a mail hold, and personal retirement, I did not receive the UBR report forms in a timely manner to meet the deadline for filing.

I respectfully ask that the late charges be waived.

Sincerely,


Gene H. Tonn