

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 15, 2003 8:00 am
Secretary of State

01-15-2003 90198 007 ***150.00

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1. Entity Name

HENRY J. TABELING, D.M.D., P.A.



Principal Place of Business

8789 SAN JOSE BLVD.

SUITE 101

JACKSONVILLE FL 32217

Mailing Address

8789 SAN JOSE BLVD.

SUITE 101

JACKSONVILLE FL 32217

2. Principal Place of Business

2520 US 1 South

3. Mailing Address (Home)

117 ST Andrews PL Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST Augustine, FL

City & State

ST Augustine, FL

Zip

32086

Country

USA

Zip

32092

Country

USA

4. FEI Number

59-3643628

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

TABELING, HENRY J D.M.D.

8789 SAN JOSE BLVD.

SUITE 101

JACKSONVILLE FL 32217

7. Name and Address of New Registered Agent

Name

HENRY J. TABELING, DMD, PA

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

2520 US 1 South

City

ST Augustine

FL

Zip Code

32086

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

Henry J. Tabeling, DMD, PA

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

1-10-03

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

TITLE D ☐ Delete

NAME TABELING, HENRY J D.M.D.
STREET ADDRESS 8789 SAN JOSE BLVD. SUITE 101
CITY-ST-ZIP JACKSONVILLE FL 32217

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DIRECTOR & PRESIDENT ☒ Change ☐ Addition

NAME HENRY J. TABELING, DMD, PA
STREET ADDRESS 2520 US 1 South
CITY-ST-ZIP ST Augustine, FL 32086

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03

904-797-4833

Date

Daytime Phone #

CR2E034 (10/02)