

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 05, 2002 8:00 am
Secretary of State

08-05-2002 90009 049 ***150.00

DOCUMENT # P00000064858

1. Entity Name
LAKE QUALITY DENTAL, INC.

Principal Place of Business

**339 E BURLEIGH BLVD
TAVARES FL 32778**

Mailing Address

**339 E BURLEIGH BLVD
TAVARES FL 32778**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3658213

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TA, HELENE P
623 DORY LN, #K110
ALTAMONTE SPRINGS FL 32714**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **TA, HELENE P**
STREET ADDRESS **440 CHINAHILL COURT**
CITY-ST-ZIP **APOPKA FL 32712**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

13. 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 11 or Block 12 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

Date

Daytime Phone #

7/31/02 352253-1900

CR2E034 (9/01)

Attachment

972751

P00000064858

Lake Quality Dental

Helene P. Ta, D.D.S.

(352) 253-1900

(352) 253-1954 fax

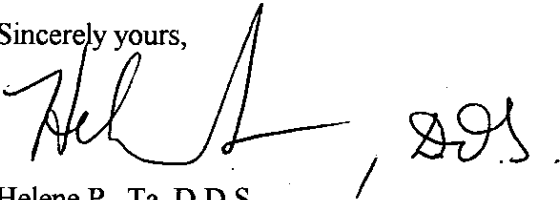
339 East Burleigh Blvd., Tavares, Fl 32778

7/31/2002

Dear To Whom This May Concern,

My name is Helene Phuong Ta, D.D.S. (T.I.N. 59-3658213) and I am writing this letter to you in regard to the 2002 Uniform Business Report. Because I have recently moved my office location and having to look for a new Certified Public Account, I have overlooked this very important document. I hope you will allow me to send a check for \$150.00 although it is past the due date. Thank you for your time and consideration.

Sincerely yours,



Helene P. Ta, D.D.S.