

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Aug 04, 2002 8:00 am
Secretary of State

08-04-2002 90163 047 ***158.75

DOCUMENT # P000000776221. Entity Name
OCEANS DENTAL GROUP, INC.Principal Place of Business
**403 MAIN TRAIL
ORMOND BEACH FL 32174**Mailing Address
**403 MAIN TRAIL
ORMOND BEACH FL 32174**2. Principal Place of Business
4904 CLYDE MORRIS BLVD3. Mailing Address
4904 CLYDE MORRIS BLVDSuite, Apt. #, etc.
SUITE BSuite, Apt. #, etc.
SUITE BCity & State
PORT ORANGE FLCity & State
PORT ORANGE FL4. FEI Number **65-1041950**Applied For
Not Applicable


DO NOT WRITE IN THIS SPACE

Zip
32119
Country
USAZip
32119
Country
USA5. 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****FOX, FREDERICK A
403 MAIN TRAIL
ORMOND BEACH FL 32174**

Name

Street Address (P.O. Box Number is Not Acceptable)
4904 CLYDE MORRIS BLVD**SUITE B**City **PORT ORANGE****FL**Zip Code
32119

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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 **P** ☐ Delete
NAME **FOX, FREDERICK A**
STREET ADDRESS **403 MAIN TRAIL**
CITY-ST-ZIP **ORMOND BEACH FL 32174**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **4904 CLYDE MORRIS BLVD, SUITE B**
CITY-ST-ZIP **PORT ORANGE FL 32119**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FREDERICK A FOX

386-788-9959

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
OCEANS DENTAL GROUP, INC
4904 CLYDE MORRIS BLVD, SUITE B
PORT ORANGE FL 32119
(386) 788-9959

Doc. # P00000071622
972153

July 22, 2002

Division of Corporations
P O Box 1500
Tallahassee FL 32302-1500

Re: OCEANS DENTAL GROUP, INC
EIN: 65 1041950
Uniform Business Report
Year 2002

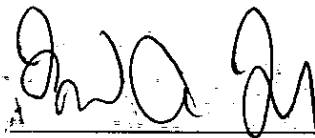
Enclosed is my 2002 Uniform Business Report with filing fee of \$150.00, plus \$8.75 for Certificate of Status.

I respectfully request that the penalty for late filing be abated. My office mailing address changed during the past year, and I did not receive the original form per the Change of Address on file with the Post Office. Enclosed is the mailing label from the form. I filed the Report as soon as I received the second form.

If you have any questions pertaining to the above, please do not hesitate to contact us.

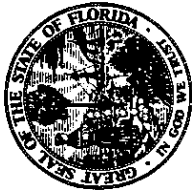
Very truly yours,

OCEANS DENTAL GROUP, INC



Frederick A Fox, President

Enc.
jmg215a



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

P.O. Box 6327

Tallahassee, Florida 32314



FOX-403 321743324 1901 06 07/12/02
NOTIFY SENDER OF NEW ADDRESS
FOX
9 BROADRIVER RD
ORMOND BEACH FL 32174-8744

1297 32174-494703

11.1



ORMOND BEACH FL 32174-4447

PRESORTED
FIRST-CLASS MAIL
U.S. POSTAGE PAID
FLORIDA DIVISION OF CORPORATIONS
#421

Attachment
Dr. # P00000077622 972153