

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000078584

1. Entity Name  
STEPHEN G. RING, DDS, PA

**FILED**  
**Apr 28, 2001 8:00 am**  
**Secretary of State**

04-28-2001 90061 009 \*\*\*150.00

Principal Place of Business  
1240C SUMMIT PLACE CIR  
WEST PALM BEACH FL 33415

Mailing Address  
1240C SUMMIT PLACE CIR  
WEST PALM BEACH FL 33415

2. Principal Place of Business  
798 Summit Lake Dr.  
Suite, Apt. #, etc.

3. Mailing Address  
798 Summit Lake Dr.  
Suite, Apt. #, etc.

City & State  
West Palm Beach, FL.  
Zip 33406 Country Palm Beach

City & State  
West Palm Beach, FL.  
Zip 33406 Country Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For  
☒ Not Applicable

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

RING, STEPHEN G DDS  
1240C SUMMIT PLACE CIR  
WEST PALM BEACH FL 33415

Name Stephen G Ring DDS PA  
Street Address (P.O. Box Number is Not Acceptable)  
798 Summit Lake Drive  
City West Palm Beach FL Zip Code 33406

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 Stephen G Ring DDS PA 4-22-01  
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, 2001 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

TITLE D ☒ Delete  
NAME RING, STEPHEN G DDS  
STREET ADDRESS 1240C SUMMIT PLACE CIR  
CITY-ST-ZIP WEST PALM BEACH FL 33415

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

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Change ☐ Addition  
NAME Ring, Stephen G DDS  
STREET ADDRESS 798 Summit Lake Dr.  
CITY-ST-ZIP West Palm Beach, FL. 33406

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

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

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

TITLE ☐ 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: Stephen G Ring DDS PA 4-22-01 561-242-0092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)