FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 90881 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000000338

1. Entity Name
GLENN J. LOSASSO

663200

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
2020 HWY A1A		Same.	
Suite, Apt. #, etc. SUITE 105		Suite, Apt. #, etc.	
City & State INDIAN HARBOR BCH FL		City & State	
Zip 32937	Country USA	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3689724 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name LOSASSO GLENN J
Street Address (P.O. Box Number is Not Acceptable)
2020 HWY A1A SUITE 105
City INDIAN HARBOR BCH FL Zip Code 32937

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	DPTS	TITLE	
NAME	GLENN J LOSASSO	NAME	
STREET ADDRESS	2020 HWY A1A SUITE 105	STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR BCH FL 32937	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

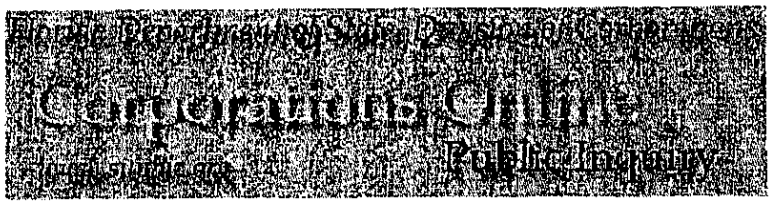
DO NOT WRITE IN THIS SPACE

CR2E034 (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] 4/29/02 321 777 8225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — GLENN J. LOSASSO, PRES. Date Daytime Phone #

Attachment # P01000000338 663200



Florida Profit

GLENN J. LOSASSO, D.D.S., P.A.

PRINCIPAL ADDRESS
2020 HWY A1A, STE 105
INDIAN HARBOR BEACH FL 32937

MAILING ADDRESS
2020 HWY A1A, STE 105
INDIAN HARBOR BEACH FL 32937

Document Number	~~FEI Number~~	Date Filed
P01000000338	NONE	01/02/2001
State	**Status**	**Effective Date**
FL	ACTIVE	NONE

Registered Agent

Name & Address
LOSASSO, GLENN J 2020 HWY A1A, STE 105 INDIAN HARBOR BEACH FL 32937

Officer/Director Detail

Name & Address	Title
LOSASSO, GLENN J 2020 HWY A1A, STE 105 INDIAN HARBOR BEACH FL 32937	DPTS

Annual Reports

Report Year	Filed Date	Intangible Tax