

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90951 001 ***150.00

005631 AV

DOCUMENT # P01000009029

1. Entity Name
BRYAN N. HOUSE, D.D.S., P.A.



Principal Place of Business
**4400 HWY 20 EAST STE 111
NICEVILLE FL 32548**

Mailing Address
**4400 HWY 20 EAST STE 111
NICEVILLE FL 32548**



2. Principal Place of Business

4400 Hwy 20 East Ste 111

3. Mailing Address

4400 Hwy 20 East

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Ste 111

☐ CHECK HERE IF MAKING CHANGES

City & State
Niceville, FL

City & State
Niceville, FL

4. FEI Number **59-3700227**

Applied For
Not Applicable

Zip
32578

Country

Zip
32578

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

**HOUSE, BRYAN N
4400 HWY 20 EAST STE 111
NICEVILLE FL 32548**

Name **House, Bryan N.**

Street Address (R.O. Box Number is Not Acceptable)
4400 Hwy 20 East Ste 111

City **Niceville**

FL

Zip Code
32578

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSTD** ☐ Delete
NAME **HOUSE, BRYAN N**
STREET ADDRESS **1338 WINDWARD CIRCLE**
CITY-ST-ZIP **NICEVILLE FL 32578**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)