

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

04-07-2002 90081 033 \*\*\*150.00

**DOCUMENT # P01000047815**

1. Entity Name  
**JOHN S. SRABIAN, DDS, P.A.**

Principal Place of Business

**14871 LAKE OLIVE DRIVE  
 FORT MYERS FL 33919**

Mailing Address

**14871 LAKE OLIVE DRIVE  
 FORT MYERS FL 33919**

**41593**



2. Principal Place of Business

**6900 Daniels Parkway**

3. Mailing Address

**6900 Daniels Parkway**

Suite, Apt., #, etc.

**Suite 30**

Suite, Apt., #, etc.

**Suite 30**

DO NOT WRITE IN THIS SPACE

City & State  
**Fort Myers, FL**

City & State  
**Fort Myers, FL**

4. FEI Number

**65-1104701**

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

**SRABIAN, JOHN S  
 14871 LAKE OLIVE DRIVE  
 FORT MYERS FL 33919**

Name

Street Address (P.O. Box Number is Not Acceptable)

**16877 Colony Lakes Blvd.**

City **Fort Myers**

**FL**

Zip Code  
**33908**

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 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Change ☒ Addition  
**President  
 John S. Srabian  
 16877 Colony Lakes Blvd.  
 Fort Myers, FL 33908**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

TITLE  
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 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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

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:

**JOHN S. SRABIAN**

**8/13/2002 941-561-2735**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/02)

Attachment  
Doc # P01000047815

41593

2002 Uniform Business Report

John S. Srabian, DDS, PA  
Document #P01000047815

The attached return is being filed with payment of the original filing fee of \$150.00. A 2002 UBR was never received prior to the current copy. The Corporation relied on its accountant at the time to file the appropriate paperwork. Apparently the 2002 UBR was overlooked by the accountant. We apologize for the misunderstanding and have since hired a new accountant.