

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 17, 2002 8:00 am
Secretary of State

07-17-2002 90141 039 ***150.00

DOCUMENT # P01000049679

1. Entity Name

GARY S. CROSSON, DMD, P.A.

Principal Place of Business

6880 W. COUNTY HWY., 30-A
 SANTA ROSA BCH FL 32459

Mailing Address

6880 W. COUNTY HWY., 30-A
 SANTA ROSA BCH FL 32459

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3720603

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

CROSSON, GARY S
 6880 W. COUNTY HWY., 30-A
 SANTA ROSA BCH FL 32459

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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
 D
 CROSSON, GARY S
 355 SHARON DR.
 NICEVILLE FL 32578 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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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 of Gary S. Crosson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-16-02

Date

Signature Required

CR2E034 (4/02)

Attachment

6075161

Nicholson, Reeder & Demski, P.A.
Certified Public Accountants

#PA 600049679

Larry E. Reeder, CPA
Patricia A. Demski, CPA
Diana S. Reynolds, CPA

24 Walter Martin Road, Suite 1
Post Office Box 1179
Fort Walton Beach, Florida 32549

Telephone (850) 243-3176
Facsimile (850) 244-6099

July 15, 2002

Florida Department of Revenue
5050 W Tennessee Street
Tallahassee, FL 32399

RE: Gary S. Crosson, DMD, PA
59-3720603

Please find enclosed the 2002 Uniform Business Report for the above corporation. The taxpayer did not realize he was required to file the UBR until he received the second notice. This was a newly organized corporation in 2001 and the taxpayer is still getting acclimated to all of the required filings. We have enclosed a check in the amount of \$150 and are asking that you accept this payment and the 2002 UBR as being timely filed.

Thank you in advance for your assistance and please advise if you should need any additional information.

Sincerely,

NICHOLSON, REEDER & DEMSKI, P.A.

Diana S Reynolds

Diana S. Reynolds
Certified Public Accountant

DSR/dg