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FILED

03 JUL 15 PM 5:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000055604			
1. Entity Name DAN COBER, DMD, P.A.			
Principal Place of Business 721 US HWY 27 SOUTH SEBRING, FL 33872		Mailing Address 721 US HWY 27 SOUTH SEBRING, FL 33872	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
5. Name and Address of Current Registered Agent RHOADES, CLIFFORD R 227 NORTH RIDGEWOOD DRIVE SEBRING, FL 33870		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when returning)</small> DATE _____			
FILE FILING FEE IS \$150.00 <small>After 6/1/03, the fee will be \$200.00. Money Check Payable to Florida Department of State.</small>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete NAME COBER, DAN MD DMD STREET ADDRESS 721 US HWY 27 SOUTH CITY-STATE-ZIP SEBRING, FL 33872		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY-STATE-ZIP		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-STATE-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: <u>Dan Cober DMD</u>		Date: <u>6-25-03</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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07/25/03--01019--021 **150.00



☐ CHECK HERE IF MAKING CHANGES

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CR2E034 (10/02)

BB

RE:

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From: corphelp [Add Contact](#)
Sent: 6/30/2003 4:23:34 PM
To: acober@htn.net
Cc:
Subject: RE:
Attachments:

Message 2 of 7

Our records do not indicate that the 2003 UBR or check has been received as of this date. At this point, you need to send in a copy of the UBR with an original signature and a replacement check and a brief note explaining when you originally filed for 2003. You are welcome to send a copy of the original uncashed check as well.

Leslie Sellers
Internet Access

-----Original Message-----

From: acober@htn.net [mailto:acober@htn.net]
Sent: Monday, June 30, 2003 3:51 PM
To: corphelp@mail.dos.state.fl.us
Subject:
Importance: High

Dear Sir: Dan D Cober DMD PA submitted a 2003 UBR on 4/10/03 with payment of \$150.00 (check number 1503). Upon completing the banking reconciliation process today, it appears as though your agency did not cash this check as of 5/31/03. Please confirm receipt of the completed UBR and payment. If this has not been received by your agency, please advise on how to proceed. I have on file a photopcopy of the check, report and certificate of mailing.

Document # P01000055604

FEI # 65-1112097

Thank you

Amy Cober on behalf of Dan Cober, DMD