

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-08-2002 90029 025 ***150.00

DOCUMENT # P01000058659

1. Entity Name

COBBE, GALEANO ORTHODONTICS P.A.

Principal Place of Business

**300 TURNER STREET
 CLEARWATER FL 33756**

Mailing Address

**300 TURNER STREET
 CLEARWATER FL 33756**

2. Principal Place of Business

2707 Tampa Road
 Suite, Apt. #, etc.

3. Mailing Address

2707 Tampa Road
 Suite, Apt. #, etc.

City & State

Palm Harbor, Fla.

City & State

Palm Harbor, Fla.

4. FEI Number

03-0449436

Applied For

☐ Not Applicable

Zip

33767

Country

USA

Zip

33767

Country

USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**HAGGITT, JOHN R ESQ.
 300 TURNER STREET
 CLEARWATER FL 33756**

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.

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 \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

11. **Director** OFFICERS AND DIRECTORS

TITLE **Michael T. Cobbe** ☐ Delete
 NAME
 STREET ADDRESS **2707 Tampa Rd.**
 CITY-ST-ZIP **Palm Harbor, Fl. 34684**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)