

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90133 024 ***150.00

DOCUMENT # P01000063426

1. Entity Name

ROBERT S. GOLDIE, D.M.D., P.A.



Principal Place of Business

7051 DR. PHILLIPS BLVD.
ORLANDO FL 32819

Mailing Address

7051 DR. PHILLIPS BLVD.
ORLANDO FL 32819

10033027



2. Principal Place of Business

7051 Dr. Phillips Blvd

3. Mailing Address

7051 Dr. Phillips Blvd

Suite, Apt. #, etc.

Suite 9

Suite, Apt. #, etc.

Suite 9

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32819

Country

Zip

32819

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

59-3727331

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDIE, ROBERT S D.M.D.

7051 DR. PHILLIPS BLVD.

ORLANDO FL 32819

7. Name and Address of New Registered Agent

Name

Goldie, Robert S., D.M.D.

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

7051 Dr. Phillips Blvd.

Suite 9

City

ORLANDO

FL

Zip Code

32819

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)

Mar 4/03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPST
GOLDIE, ROBERT S D.M.D.
7051 DR PHILLIPS BLVD STE 9
ORLANDO FL 32819 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 4/03

Date

Daytime Phone #

CR2E034 (10/02)