

2002 UNIFORM BUSINESS REPORT (UBR)

UBR 11 AV

DOCUMENT # P01000097758


1. Entity Name
RONALD J. TREVISANI, DMD, P.A./OVIEDO

Principal Place of Business: **301 S MILWEE ST, LONGWOOD FL 32750**
Mailing Address: **301 S MILWEE ST, LONGWOOD FL 32750**

2. Principal Place of Business: **1410 W. BROADWAY, SUITE 204, OVIEDO, FL 32765**
3. Mailing Address: **1410 W. BROADWAY, SUITE 204, OVIEDO, FL 32765**

6. Name and Address of Current Registered Agent: **COHEN, ROBERT C, 301 S MILWEE ST, LONGWOOD FL 32750**

FILED
02 FEB -7 AM 9:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4. FEI Number: **59-3751527**
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PRESIDENT NAME: RONALD J. TREVISANI STREET ADDRESS: 1410 W. BROADWAY CITY-ST-ZIP: OVIEDO, FL. 32765	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E034 (9/01)