

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000098891

1. Entity Name  
OCEAN DENTAL, P.A.

Principal Place of Business

800 EAST OCEAN BLVD  
STUART FL 34994

Mailing Address

800 EAST OCEAN BLVD  
STUART FL 34994

2. Principal Place of Business

401 East Ocean Blvd

3. Mailing Address

401 E. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

59-3751277

Applied For

Not Applicable

Zip

34994

Country

Martin

Zip

34994

Country

Martin

5. Certificate of Status Desired

\$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

NARYSHKIN, GEORGE F  
800 EAST OCEAN BLVD  
STUART FL 34994

## 7. Name and Address of New Registered Agent

Name NARYSHKIN, GEORGE F.

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

401 East Ocean Blvd

City Stuart

FL Zip Code 34994

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.

*George F. Naryshkin*

*3/2/2002*

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. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NARYSHKIN, GEORGE F		NAME	NARYSHKIN, GEORGE F.	
STREET ADDRESS	800 EAST OCEAN BLVD		STREET ADDRESS	401 East Ocean Blvd	
CITY-ST-ZIP	STUART FL 34994		CITY-ST-ZIP	Stuart, FL 34994	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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 REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)

*3/2/2002*

*772-285-9932*