

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 11, 2002 8:00 am**  
**Secretary of State**

**DOCUMENT # P01000111554**

1. Entity Name  
**MCLEOD DENTAL GROUP INCORPORATED**

08-11-2002 90163 009 \*\*\*150.00

Principal Place of Business  
 2857 NE 24 COURT  
 FT. LAUDERDALE FL 33305

Mailing Address  
 13520 SW 10TH PLACE  
 DAVIE FL 33325

2. Principal Place of Business

**2105 Hartwood Marsh Rd.**

3. Mailing Address

**33024 Karl Court**

Suite, Apt. #, etc.  
**#4**

Suite, Apt. #, etc.

City & State

**Clermont, FL**

City & State

**Leesburg, FL**

Zip

**34711**

Country

**USA**

Zip

**34788**

Country

**USA**

4. FEI Number

**03-0452040**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**MCLEOD, STEPHEN T**  
**13520 SW 10TH PLACE**  
**DAVIE FL 33325**

Name

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

City

**FL**

Zip Code

7. Name and Address of New Registered Agent

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)

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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE **V** ☐ Delete  
 NAME **MCLEOD, LORETANA A**  
 STREET ADDRESS **13520 SW 10TH PLACE**  
 CITY-ST-ZIP **DAVIE FL 33325**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 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: Stephen T. McLeod 07-16-02 (954)-557-2653

0071070 AV

B0133842



DO NOT WRITE IN THIS SPACE

CR2E034 (4/02)

Attachment  
Dr. # 00100011534  
30133842

To Whom It May Concern,

This is the first time I have ever received a Uniform Business Report. My business doesn't even open until November 2002. I was told by Christine B. to send back this letter, \$150 and the UBR to your office. If any of this is wrong, please contact me at (954)-557-2653. My new correspondence address will be: 33024 Karl Court, Leesburg, Fl. 34788.

Thank You,

Stephen T. McLeod