## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #**

Principal Place of Business

P02000034583

1. Entity Name

KOK-TOW NG, D.D.S., P.A.



Mailing Address

| 4131 UNIVERSITY BLVD. \$ BLDG 5 JACKSONVILLE FL 32216  2. Principal Place of Business  |                                       |   | 4131 UNIVERSITY BLVD. S BLDG 5 JACKSONVILLE FL 32216 |                          |  |   |   |                                     |                    |                              |  |
|--|---------------------------------------|---|--|--------------------------|--|---|---|-------------------------------------|--------------------|------------------------------|--|
|  |                                       |   | 3. Mailing Address                                   |                          |  |   | · 10011001 (4) 00110 1(01) 001(1 001  | 1411 <b>4 6</b> 114 <b>6 5 14 6</b> | 11111 M.M.O. 0410. | 1 (B) B B 1111               |  |
| Suite, Apt. #, etc.  |                                       |   | Suite, Apt. #, etc.                                  |                          |  |   | ☐ CHECK HERE IF MAKING CHANGES  |                                     |                    |                              |  |
| City & State   |                                       |   | City & State   |                          | 4. FEI Number Applied For Not Applicable |   |   |                                     |                    |                              |  |
| Zip Country  |                                       | Country   | Zip  | Zip Count                |  | 5. (  | Certificate of Status Desired   |                                     | \$8.75 Ad          | ditional                     |  |
| 6. Name and Address of Current Registered Agent  |                                       |   |  |                          |  | 7. Name and Address of New Registered Agent |   |                                     |                    |                              |  |
| NG, KOK-TOW  |                                       |   |  |                          | Name                                     |   |   |                                     |                    |                              |  |
|  | VERSITY BL                            | vn e  |  | Street Address           |  |   | (P.O. Box Number is Not Acceptable)   |                                     |                    |                              |  |
| BLDG 5   | VERSIII DL                            | .VU. 3  |  |                          |  |   |   |                                     |                    |                              |  |
|  | IVILLE FL 3                           | 2216  |  |                          |  |   | · · · · · · · · · · · · · · · · · · ·   |                                     |                    |                              |  |
|  |                                       |   |  |                          | City                                     |   |   | FL                                  | Zip Cod            | -                            |  |
| 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 same of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) |                                       |   |  |                          |  |   |   |                                     |                    |                              |  |
|  |                                       |   | nd title if applicable. (NO                          | TE: Registered           | d Agent signature requ                   | Jired when re                               | instating)  | DATE                                |                    |                              |  |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State   |                                       |   |  |                          |  |   | Election Campaign Fir<br>Trust Fund Contributio   |                                     |                    | <b>0</b> May Be<br>I to Fees |  |
| 10.  | OFFICERS AND D                        |   | AD   | DITIONS/CHANGES TO OFF   | ICERS AND                                | DIRECTOR                                    | S IN 11   |                                     |                    |                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>NG, KOK-<br>4131 UNIV<br>JACKSON | TOW<br>ERSITY BLVD. S<br>VILLE FL 32216                   | ☐ Delete   |                          | l l                                      |   |   |                                     | ☐ Change           | ☐ Addition                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |                                       |   | ☐ Delete   |                          | ľ  |   |   |                                     | ☐ Change           | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | -                                     |   | □ Delete   |                          | 1  |   |   |                                     | Change             | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |   | ☐ Delete   |                          | 1  |   |   |                                     | Change             | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |   | ☐ Delete   |                          |  |   |   |                                     | ☐ Change           | ☐ Addition                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |                                       |   | ☐ Delete   |                          | T ADDRESS<br>ST-ZIP                      | <u></u>                                     |   |                                     | ☐ Change           | Addition                     |  |
| of the corp  | oration or the                        | or supplemental report is to<br>receiver or trustee empow | rue and accurate and that r                          | ny signatu<br>as require | ira shall hava tha                       | a cama la                                   | 19.07(3)(i), Florida Statutes. I<br>gal effect as if made under o<br>a Statutes; and that my name | oth, that I a                       | ~ ~~ ~H:~~~        |                              |  |

SIGNATURE:

(BE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

904-731-052

**FILED** 

Jan 21, 2003 8:00 am Secretary of State 01-21-2003 90103 010 \*\*\*150.00