

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2003 8:00 am
Secretary of State

07-31-2003 90068 001 ***550.00

0018075 AV

DOCUMENT # P93000069901

1. Entity Name
RAJ M. RAWAL, B.D.S., P.A.



Principal Place of Business
**2180 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953
US**

Mailing Address
**2180 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3202241**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ANDERSON, J P
930 S. HARBOR CITY BLVD.
SUITE 505
MELBOURNE FL 32901**

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. 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

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00** May Be
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWAL, RAJ M BDS 2180 N. COURTENAY PARKWAY MERRITT ISLAND FL	<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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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

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/14/03

Date

321-452-3388

Daytime Phone #

CR2E034 (4/03)

Attachment

FRESE, NASH & HANSEN, P.A.

ATTORNEYS AT LAW

80134850
P930000019901

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† Board Certified in Tax Law
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‡ Board Certified in Civil Trial Law
◇ Board Certified in Real Estate Law
§ Fellow, American College of Trust
and Estate Counsel

July 29, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: RAJ M. Rawal, B.D.S., P.A.
FEI Number: 59-3202241
Our File No. 98-9421

Dear Sir/Madam:

Enclosed please find the 2003 For Profit Corporation Uniform Business Report along with a check in the amount of \$550.00 with regard to the above captioned matter.

Should you have any problems or questions regarding this Report, please do not hesitate to contact me.

Very truly yours,

FRESE, NASH & TORPY, P.A.

J. Patrick Anderson

JPA:mak
Enclosures