

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 28, 2003 8:00 am**  
**Secretary of State**

01-28-2003 90074 011 \*\*\*150.00

DOCUMENT # P94000001496

1. Entity Name  
THOMAS S. SMITH, JR., D.D.S., P.A.



Principal Place of Business  
2608 PIONEER ROAD  
ORLANDO FL 32808

Mailing Address  
2608 PIONEER ROAD  
ORLANDO FL 32808



2. Principal Place of Business

Same

3. Mailing Address

140 Trails End Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
Cullowhee, N.C.

4. FEI Number 59-3213802

Applied For

Not Applicable

Zip

Country

Zip  
28723

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SMITH, THOMAS S JR., DDS  
2608 PIONEER ROAD  
ORLANDO FL 32808

7. Name and Address of New Registered Agent

Name  
Same

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 *Thomas S. Smith Jr. DDS PA* Thomas S. Smith Jr. DDS PA 1-24-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
SMITH, THOMAS S JR., DDS  
2608 PIONEER ROAD  
ORLANDO FL 32808

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ 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: *Thomas S. Smith Jr. DDS PA*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-03 828-2430322

Date

Daytime Phone #

CR2E034 (10/02)