

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000005749

1. Entity Name

CLAUDIA A. HOHN, D.D.S., P.A.

**FILED**  
Aug 25, 2002 8:00 am  
Secretary of State

08-25-2002 90197 010 \*\*\*150.00

0429429 AV

Principal Place of Business Mailing Address *109 W Bearss Ave*  
~~13801 BRUCE B. DOWNS BLVD.~~ ~~SUITE 203~~ ~~TAMPA FL 33613~~  
~~13801 BRUCE B. DOWNS BLVD.~~ ~~SUITE 203~~ ~~TAMPA FL 33613~~

80134991



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-3290470</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HOHN, CLAUDIA A D.D.S. <del>13801 BRUCE B. DOWNS BLVD.</del> <del>SUITE 203</del> <del>TAMPA FL 33613</del> <i>109 W Bearss Ave</i>		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.

SIGNATURE \_\_\_\_\_ (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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D HOHN, CLAUDIA A 13801 BRUCE B. DOWNS BLVD., SUITE 203 TAMPA FL 33613	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 <i>109 W Bearss Ave</i> <i>Tampa, FL 33613</i>	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
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

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 information empowered.

SIGNATURE: *Claudia A. Hohn, D.D.S., P.A.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-20-02 813-632-3118  
Date Daytime Phone #

CR2E034 (9/01)

*Attachment*

August 20, 2002

*# P95000005749*

Claudia A. Hohn D.D.S.  
109 W Bearss Ave  
Tampa, FL 33613

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

To Whom It May Concern:

Within the last eighteen months I have moved my business from:

13801 Bruce B. Downs Blvd  
Tampa, FL 33613

To

109 W Bearss Ave.  
Tampa, FL 33613

Due to this fact and having all business mail forwarded to my new business address I did not receive the 2002 Uniform Business Report until after the May 1<sup>st</sup> deadline. I am aware that there is a \$400 fee for all late filings, but considering the aforementioned information I was inquiring as to whether the fee could be waived for this time. Your attention to this matter would be greatly appreciated.

Sincerely,



Claudia A. Hohn D.D.S.