

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2002 8:00 am
Secretary of State

02-01-2002 90041 021 ***150.00

DOCUMENT # P95000085937

1. Entity Name
NABIL N. TAWIL, D.D.S., P.A.

Principal Place of Business

**918 EAST DIXIE AVE
 LEESBURG FL 34748**

Mailing Address

**918 EAST DIXIE AVE
 LEESBURG FL 34748**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8136 Centralia Ct Ste #103

3. Mailing Address

8136 Centralia Ct

Suite, Apt. #, etc.

STE #103

Suite, Apt. #, etc.

#103

City & State

Leesburg, FL

City & State

Leesburg, FL

4. FEI Number

59-2966329

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**TAWIL, NOBIL N
 918 E DIXIE AVE
 LEESBURG FL 34748**

7. Name and Address of New Registered Agent

Name **NABIL N. TAWIL**
 Street Address (P.O. Box Number is Not Acceptable)
8136 Centralia Ct
STE #103
 City **Leesburg** **FL** Zip Code **34788**

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

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **TAWIL, N N**
 STREET ADDRESS **8136 Centralia Ct**
 CITY-ST-ZIP **Leesburg, FL 34788**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)