

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90354 006 ***150.00

DOCUMENT # P96000086877

1. Entity Name

PUTHENPURACKAL A. THOMAS, D.D.S., M.D.S., P.A.

Principal Place of Business

**102 SW 4TH AVENUE
 GAINESVILLE FL 32601**

Mailing Address

**102 SW 4TH AVENUE
 GAINESVILLE FL 32601**

2. Principal Place of Business

4040 W. NEWBERRY RD

3. Mailing Address

4040 W. NEWBERRY RD

Suite, Apt #, etc.

1400

Suite, Apt #, etc.

1400

City & State

GAINESVILLE, FL

City & State

GAINESVILLE, FL

4. FEI Number

59-3407979

Applied For

Not Applicable

Zip

32607 FL

Country

ALACHUA

Zip

32607 FL

Country

ALACHUA

5. Certificate of Status Desired

☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, GRACY
 102 SW 4TH AVENUE
 GAINESVILLE FL 32601**

7. Name and Address of New Registered Agent

Name

THOMAS, GRACY

Street Address (P.O. Box Number is Not Acceptable)

4040 W. NEWBERRY RD # 1400

City

GAINESVILLE

FL

Zip Code

32607

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 pack) ☐

**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

TITLE **P** ☐ Delete
 NAME **PUTHENPURACKAL, A T DDS**
 STREET ADDRESS **5808 NW 16 LN**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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 NAME
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 (352) 378-0111

CR2E034 (9/01)