

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P910000088537**

1. Entity Name

MARTIN A. MEGREGIAN, DDS. & ASSOCIATES, P.A.

Principal Place of Business

**437 E COLLEGE AVE
TALLAHASSEE FL
32301**

Mailing Address

**10945 STATE BRIDGE RD
#401-303
ALPHARETTA GA 30022-8164
US**

2. Principal Place of Business

3. Mailing Address

10945 STATE BRIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#401 PMB 343

City & State

City & State

ALPHARETTA GA

Zip

Country

Zip

Country

30022-5176 US

4. FEI Number

59-3410405

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEGREGIAN, MARTIN ADD
4245 N. COURTENAY PARKWAY
MERRITT ISLAND, FL 32953**

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

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 WITH FEES \$150.00
ANYTIME MAY 15, 2000 - FEBRUARY 15, 2001
MAY BE PAID BY CHECK OR MONEY ORDER**

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 **PS**
STREET ADDRESS **MEGREGIAN, MARTIN A DDS**
CITY-ST-ZIP **4245 N. COURTENAY PARKWAY
MERRITT ISLAND FL 32953**

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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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 this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90009 003 ***150.00

DO NOT WRITE IN THIS SPACE

CR2F034 (9/99)