

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

03-20-2002 90029 047 ***158.75

0837246 SP

DOCUMENT # P96000093985

1. Entity Name
ANGELA S. HILTON, D.M.D., P.A.

Principal Place of Business Mailing Address
1022 WEST SR 436 #1008 **1022 WEST SR 436 #1008**
ALTAMONTE SPRINGS FL 32714 **ALTAMONTE SPRINGS FL 32714**

2. Principal Place of Business 3. Mailing Address
see above

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
59-3412547 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

HILTON, ANGELA S
3141 FLORAL WAY EAST
APOPKA FL 32703

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 *Angela S Hilton DMD* DATE *1-30-02*

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. **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 NAME STREET ADDRESS CITY-ST-ZIP	P HILTON, ANGELA S 3141 FLORAL WAY EAST APOPKA FL 32703 <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
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 like empowered.

SIGNATURE: *Angela S Hilton DMD* DATE *1-30-02* DAYTIME PHONE # *407 774 6622*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)