

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000024675**

1. Entity Name

STEVEN BARRY, D.M.D., P.A.**FILED**
Feb 05, 2000 8:00 am
Secretary of State

02-05-2000 90011 041 ***150.00

Principal Place of Business	Mailing Address
1455 S. FERDON BLVD. ST. D-1 CRESTVIEW FL 32539	1455 S. FERDON BLVD. ST. D-1 CRESTVIEW FL 32536-4901

B0013410



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State -

City & State

4. FEI Number **59-3437017**Applied For
Not Applicable

Zip

Country

Zip

Country

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****BARRY, ROBERTA J**
1115 TALLOKAS ROAD
CRESTVIEW FL 32536

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!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **P** ☐ DeleteNAME **BARRY, STEVEN**
STREET ADDRESS **1115 TALLOKAS ROAD**
CITY-ST-ZIP **CRESTVIEW FL 32536**TITLE **VP** ☐ DeleteNAME **BARRY, ROBERTA J**
STREET ADDRESS **1115 TALLOKAS ROAD**
CITY-ST-ZIP **CRESTVIEW FL 32536**TITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DeleteNAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
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CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ AddNAME
STREET ADDRESS
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 #

1-19-00 850-689-73