## Apr 18, 2002 8:00 am Secretary of State 04-18-2002 90407 018 \*\*\*150.00

## **2002 UNIFORM BUSINESS REPORT (UBR)**

P97000028275

**DOCUMENT #** 1. Entity Name

ANTHONY T. DEAN, D.D.S., P.A.

Principal Place of Business

945 LANE AVE SOUTH JACKSONVILLE FL 32205-4706 Mailing Address

945 LANE AVE SOUTH JACKSONVILLE FL 32205-4706

	- , <del>- , - , - , - , - , - , - , - , - ,</del>				,		
2. Principal Place of Business		3. Mailing Address			<b>                                   </b>		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State		4. FEI Number 59-3435623	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			
-	چ د ميدن د همانيده و در در	يم الأكيار يستان الأساسات	- Name	——————————————————————————————————————			
DEAN, ANTHONY T							
945 LANE AVE SOUTH			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
JACKSUN	VILLE FL 32205-4706						
. <u>*</u>			City	City FL Zip Code			
SIGNATURE .	named entity submits this statement for		egistered office or regis	tered agent, or both, in the State of Florida.			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)  FILE NOW!!!  After May 1, 2002- Make Check Payable				te will be \$550.00 - Trust Fund Contribution Added to Fees			
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 11		
TITLE	DP	☐ Delete	TITLE		☐ Change ☐ Addition		
NAME	DEAN, ANTHONY T		NAME		-		
STREET ADDRESS	945 LANE AVE SOUTH		STREET ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL 32205-4706		CITY-ST-ZIP				

STREET ADDRESS CITY-ST-ZIP	945 LANE AVE SOUTH JACKSONVILLE FL 32205-4706	NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP	□ Change	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY ST. 7IB	□ Delete	TITLE NAME STREET ADDRESS	☐ Change	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:

Anthony T. Dran DOS TYPOS .. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR