

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State

03-05-2001 90337 017 ***150.00

DOCUMENT # P97000057282

1. Entity Name

RAYMOND J. NICOL, D.D.S., P.A.

Principal Place of Business

**181 CRAWFORD BLVD.
 BOCA RATON FL 33432-3728**

Mailing Address

**181 CRAWFORD BLVD.
 BOCA RATON FL 33432-3728**

78306



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

65-0783454

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

ZIEGLER, STEPHEN L

**200 E. LAS OLAS BLVD., STE. 1800
 FT. LAUDERDALE FL 33301**

Name

RALPH A. HAGANS, ESQ

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

10581 MENDOCINO LANE

BOCA RATON, FLORIDA 33428

City

BOCA RATON, FL

Zip Code

33428

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 *Ralph A. Hagans, Esq.*

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

September 10, 2001

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 \$550.00
 After September 12, 2001 Fee will be \$750.00
 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 **D** ☐ Delete
 NAME **NICOL, RAYMOND J**
 STREET ADDRESS **181 CRAWFORD BLVD.**
 CITY-ST-ZIP **BOCA RATON FL 33432-3728**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Raymond J. Nicol
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAYMOND J. NICOL

3/1/01

DATE

561-368-0770

Daytime Phone #

CR2E034 (5/01)