2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State
05-15-2001 90116 011 ***150.00

DOCUMENT # P97000083798

1. Entity Name
HENDERSON PAUL TAYLOR, D.D.S., P.A.

C0065890

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7309 WEST OAKLAND PK BLVD LAUDERHILL FL 33319 US	PO BOX 8634 FT LAUDERDALE FL 33319 US

2. Principal Place of Business		3. Mailing Address	
3131 Inverrary Blvd West		P.O. Box 8634	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Lauderhill, Florida		City & State: Ft Lauderdale, FL	
Zip: 33319	Country: USA	Zip: 33310	Country: USA

4. FEI Number 65-0787194 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

EISENSON, BARRY A ESQ
541 SOUTH STATE ROAD 7 SUITE 4
MARGATE FL 33068

7. Name and Address of New Registered Agent

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, 2001 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	PDO TAYLOR, HENDERSON D 7309 W OAKLAND PK BLVD LAUDERHILL FL 33319	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

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] 4/30/01 954-747-8056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #