

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000103642

1. Entity Name

SUNSHINE DENTISTRY, P.A.

FILED

Feb 09, 2000 8:00 am  
Secretary of State

02-09-2000 90086 042 \*\*\*150.00

Principal Place of Business  
14953 N. FLORIDA AVE  
TAMPA FL 33613  
US

Mailing Address  
14953 N FLORIDA AVE  
TAMPA FL 33613-1612  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

4. FEI Number 59-3482908

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

ASSI, ZIAD A DDS  
12908 #C NATIONAL DRIVE  
TAMPA FL 33617

Name ZIAD A ASSI DDS  
Street Address (P.O. Box Number is Not Acceptable)  
2003 Cape Bend Avenue  
City Tampa FL Zip Code 33611

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 *Ziad A. Assi* (NOTE: Registered Agent signature required when reinstating) DATE 1/31/00

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 State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to F...

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ASSI, ZAID A DDS	
STREET ADDRESS	12908 #C NATIONAL DRIVE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
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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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ziad A. Assi* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/00 813 269 936  
Date Daytime Phone #