

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106008

1. Entity Name

ALFRED G. BOVE, DMD, INC.

Principal Place of Business

867 KLOSTERMAN ROAD EAST
TARPON SPRINGS FL 34689

Mailing Address

867 KLOSTERMAN ROAD EAST
TARPON SPRINGS FL 34689

2. Principal Place of Business

1815 PINELLAS AVE S.

3. Mailing Address

1815 PINELLAS AVE S.

Suite, Apt. #, etc.

100

Suite, Apt. #, etc.

100

City & State

TARPON SPRINGS, FL

City & State

TARPON SPRINGS, FL

Zip

34689

Country

USA

Zip

34689

Country

USA

4. FEI Number

59-3483859

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BOVE, ALFRED G
867 KLOSTERMAN ROAD EAST
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent

Name
BOVE, ALFRED G
Street Address (P.O. Box Number is Not Acceptable)
1815 PINELLAS AVENUE S, STE # 100

City
TARPON SPRINGS FL Zip Code
34689

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PST
BOVE, ALFRED G
2007 WINDING OAKS DR
PALM HARBOR FL 34683

☐ Delete

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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 #

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90577 040 ***150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)