

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

7/2.

**FILED**  
**Aug 29, 2003 8:00 am**  
**Secretary of State**

07-23-2003 90055 029 \*\*\*150.00

**DOCUMENT #** 09800001410

1. Entity Name

McLellan Dental, Inc.



**DO NOT WRITE IN THIS SPACE**

**55055326**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1100-2 S. PONCE DE LEON BLVD.

Suite, Apt. #, etc.

3. Mailing Address

1100-2 S. PONCE DE LEON BLVD.

Suite, Apt. #, etc.

City & State  
**ST AUGUSTINE**

City & State  
**ST AUGUSTINE**

4. FEI Number  
**59-3493889**

Applied For  
Not Applicable

Zip  
**32086**

Country  
**US**

Zip  
**32086**

Country  
**US**

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **Alexander, J S ESQ,**

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

**162 San Marco Ave. Suite 4**

City **St Augustine**

**FL**

Zip Code  
**32084**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director Matt McLellan  
1 Brice Lane  
Palm Coast, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Director, Barbara McLellan  
1 Brice Lane  
Palm Coast, FL 32137**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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CITY - ST - ZIP

12. 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

*Matt McLellan*

**Matt McLellan**

**06/30/03**

**386-447-8728**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)

Attachment 55055326  
#P98000014410

August 27, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Division of Corporations:

This letter was included when the Uniform Business Report was originally sent on June 30, 2003. A representative informed me that the letter was most likely not attached when the form was processed.

We are requesting to have the \$400.00 late payment for filing the Uniform Business Report for McLellan Dental Inc. (59-3493889) for 2003 waved. The company has been in the process of moving into a new building as well as making other business changes that prevented them from filing this in a timely manner. A check for \$150.00 has already been paid which did not include the \$400.00 late payment fee. Currently, there is an amount due of \$400.00, and we are requesting this fee to be waved. If there are any questions pertaining to this situation, please feel free to call.

Thank You,

Jeff Wilson  
Accountant  
The PM Group  
Phone: (407)-645-1150  
Fax: (407)-645-2178