

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000038694

1. Entity Name

THOMAS C. SILVER, D.M.D., M.S., P.A.

P

Principal Place of Business

6100 PARK BLVD.
PINELLAS PARK FL 33781

Mailing Address

6100 PARK BLVD.
PINELLAS PARK FL 33781

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

59-3508058

Applied For

Not Applicable

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

SILVER, THOMAS C DMDMS
6100 PARK BLVD.
PINELLAS PARK FL 33781

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 \$550.00
After SEPTEMBER 13, 2000 Min. 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 ☐ Delete
NAME D
STREET ADDRESS SILVER, THOMAS C DMDMS
CITY-ST-ZIP 6100 PARK BLVD.
PINELLAS PARK FL 33781

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-17-00

Date

727-517-4944

Daytime Phone #

CR2E034 (5/00)

FILED
Aug 23, 2000 8:00 am
Secretary of State

08-23-2000 90030 006 ***150.00

A0074245



DO NOT WRITE IN THIS SPACE

Doc # P980000038694
A0074245

HURD
HAWKINS
MEYERS
RADOSEVICH
STEVENSON
& DOBBS, P.A.

Certified Public Accountants

801 West Bay Drive, Suite 200
Largo, FL 33770-3267

August 21, 2000

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

Dear Sir/Madam:

I am writing on behalf of my client Thomas C. Silver, D.M.D., M.S., P.A. I am asking that you abate the late filing penalty being proposed. My client did not receive the first Uniform Business Report. Enclosed is a check for \$150.00 and the UBR. We appreciate your consideration of the request.

Sincerely,



Robert L. Dobbs, CHBC