## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 19, 2002 8:00 am Secretary of State P98000057668 DOCUMENT # 1. Entity Name 08-19-2002 90001 016 \*\*\*150.00 STIRLING PALM FAMILY DENTISTRY, INC. Principal Place of Business Mailing Address 10225 STIRLING ROAD 10225 STIRLING ROAD COOPER CITY FL 33328 COOPER CITY FL 33328 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0846251 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired \_\_\_\_\_ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PEARSON, GLENN Street Address (P.O. Box Number is Not Acceptable) 10225 STIRLING ROAD COOPER CITY FL 33328 City 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 reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD ☐ Change ☐ Delete TITLE TITLE PEARSON, SHARON NAME NAME 10225 STIRLING ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COOPER CITY FL 33328 CITY-ST-ZIP ☐ Addition VSD ☐ Delete TITLE Change PEARSON, GLENN NAME NAME STREET ADDRESS 10225 STIRLING ROAD STREET ADDRESS CITY-ST-ZIP COOPER CITY, FL 33328 CITY-ST-ZIP Change - 🔲 Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change | Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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:** 

8/12/02 954-434-5440

**FILED** 

ONICAMENT 974987 Stirling Palm Family Dentistry 19800057668

> 10225 Stirling Rd. Cooper City, Fl 33328 Phone (954) 434-5440 Fax (954) 434-5434

August 12, 2002

Florida Department of State Division of Corporations P.O. Box 6327 Tallahassee, Fl 32314

To Whom It May Concern:

Our office has just received a late notice regarding the 2002 Uniform Business Report. Unfortunately, we never received the first application to file and so were unaware of this until now. I called the Division of Corporations and was told to send this letter along with a check in the amount of \$150.00 Enclosed is check number 2341 in the amount of \$150.00. Thank you. I apologize for any inconvenience this has caused.

Sincerely

Sharon Pearson D.M.D.