2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P98000103315 **DOCUMENT #**

1. Entity Name

PHILIP E. LUCAS, D.D.S., P.A.



FILED Jul 30, 2003 8:00 am Secretary of State

07-30-2003 90070 038 ***550.00

Principal Place of Business 3474 GULF BREEZE PARKWAY GULF BREEZE FL 325616		Mailing Address 3474 GULF BREEZE PARKWAY GULF BREEZE FL 3256₽ ₹					X	
2. Principal P	Place of Business	3. Mailing Address らmn E			1	L 100651606 310 18196 30511 90611 90611 90106 11		51 11 88 1 0111 1001
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number 59-3549603 Applied For			
Zip Country 195		S.14711. E Zip Country			 			lot Applicable
3256	3 DOWN CESH -	50563	Sap	105A-	1 7		\$8.75 Ad Fee'Require	lditional ed
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name								
LUCAS, PHILIP E				Street Address (P.O. Box Number is Not Acceptable)				
	F BREEZE PARKWAY		Sireet Address			diffiber is 140t Acceptable)		
GULF BREEZE FL 32561					· · ·	 		
				City			Zip Cod	
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) DATE								
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
10,	OFFICERS AND D	PIRECTORS	11.		ADDITI	ONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 11
TITLE NAME	D LUCAS, PHILIP E	☐ Delete	TITLE Nami				☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	3474 GULF BREEZE PARKWAY GULF BREEZE FL 32561		STRE	ET ADDRESS -ST-ZIP				,
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CITY-ST-ZIP		·		ST-ZIP				
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VIII-91-41			GHY-	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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: