

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90182 016 \*\*\*150.00

**DOCUMENT # P99000020680**

1. Entity Name  
**SCOTT T. DYER, D.C., P.A.**



Principal Place of Business  
**7425 NORTH TAMAMI TRAIL  
SARASOTA FL 34243**

Mailing Address  
**7425 NORTH TAMAMI TRAIL  
SARASOTA FL 34243**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

**3131 S. Tami Trail Tr-102**

3. Mailing Address

**3131 S. Tami Trail Tr.**

Suite, Apt. #, etc.

**Suite 102**

Suite, Apt. #, etc.

**Suite 102**

City & State

**Sarasota FL**

City & State

**Sarasota FL**

Zip

**34231**

Country

**U.S.A.**

Zip

**34231**

Country

**U.S.A.**

4. FEI Number **65-0997762**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**DYER, SCOTT T  
89 BEACH RD  
SARASOTA FL 34239**

7. Name and Address of New Registered Agent

Name **SCOTT T. DYER**  
Street Address (P.O. Box Number is Not Acceptable)  
**1891 Byccowee Cr.**  
City **Sarasota** **FL** Zip Code **34231**

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

*Scott T. Dyer D.C.*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/11/03**

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>DYER, SCOTT T D.C.</b>	
STREET ADDRESS	<b>89 BEACH RD</b>	
CITY-ST-ZIP	<b>SARASOTA FL 34242</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Dyer, Scott T D.C.</b>	
STREET ADDRESS	<b>1891 Byccowee Cr.</b>	
CITY-ST-ZIP	<b>Sarasota FL 34231</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 Block 11 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

**3-11-03**

**(941) 266-2979**

Date

Daytime Phone #

CR2E034 (10/02)