FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 JAN -9 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000030377

1. Entity Name

TODD E. CHRISTIE, D.M.D., PA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
195 ALAMEDA DRIVE	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MERRITT ISLAND, FL	City & State
Zip: 32952 Country: USA	Zip Country

4. FEI Number: 59 3610561 ☐ Applied For ☐ Not Applicable

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: Todd Christie

Street Address (P.O. Box Number is Not Acceptable): 195 Alameda Dr.

City: Merritt Island FL Zip Code: 32952

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: Todd E. Christie 12/29/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT TODD E. CHRISTIE, DMD 195 ALAMEDA DRIVE MERRITT ISLAND, FLORIDA 32952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	500009560405 12/17/02--01051--001 **158.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Meredith Christie - Vice President 195 ~~Alameda~~ Alameda Merritt Island Fl 32952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	**DO NOT WRITE IN THIS SPACE**
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Todd E. Christie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

jp 1/10

TODD E. CHRISTIE, D.M.D., P.A.
195 Alameda Drive
Merritt Island, Florida 32952

December 13, 2002

Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

Re: Re-Activation of "Todd E. Christie, D.M.D., P.A."

Dear Sirs,

I am writing this letter to request reactivation of the above reference corporation. As you will see on the attached form my address has changed and I did not receive the notice that my annual renewal fees were due. Due to not receiving the notice I am requesting that you wave the $550.00 late fee and accept the enclosed check in the amount of $158.75. I would like to thank you in advance for your assistance and understanding in this situation. Should you have any questions or need further information please do not hesitate to contact John Eib, Director of Operations at (321) 454-4590.

Sincerely,

PLEASE SIGN

Todd E. Christie, D.M.D.
President