

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

049171 AV

DOCUMENT # P99000039996

1. Entity Name

CHARLOTTE DENTAL ASSOCIATION, P.A.

04-11-2002 90734 001 *****8.75
 04-11-2002 90734 002 ***150.00

Principal Place of Business

**2595 HARBOR BLVD.
 SUITE 109
 PORT CHARLOTTE FL 33952**

Mailing Address

**2595 HARBOR BLVD.
 SUITE 109
 PORT CHARLOTTE FL 33952**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0916232

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**GASSMAN, ALAN S ESQ.
 1245 COURT STREET
 SUITE 102
 CLEARWATER FL 33746**

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 \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 NAME STREET ADDRESS CITY-ST-ZIP	D WATTERS, JOHN D.M.D. 2595 HARBOR BLVD., SUITE 109 PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENDER, JOSEPH D.M.D. 2595 HARBOR BLVD., SUITE 109 PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOUSCHER, BERT D.D.S. 2595 HARBOR BLVD., SUITE 109 PORT CHARLOTTE FL 33952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

JOHN L. WATTERS, D.M.D. *John L. Watters D.M.D.* 4/3/02 625-2908
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)