

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90193 036 ***150.00

DOCUMENT # P99000049954

1. Entity Name
GARY S. WEINER, PERIODONTICS, D.D.S., P.A.



Principal Place of Business
5118 ELPINE WAY
PALM BEACH GARDENS, FL 33418

Mailing Address
5118 ELPINE WAY
PALM BEACH GARDENS, FL 33418

2. Principal Place of Business

4966 MALLORY ST.

3. Mailing Address

4966 MALLORY ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
GREENACRES, FL

City & State
LAKE WORTH

4. FEI Number 65-0924048

Applied For
Not Applicable

Zip 33463

Country Palm Bch.

Zip 33463

Country Palm Bch.

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

6. Name and Address of Current Registered Agent

MANNING, JON PA
918 W. DIXIE AVE.
LEESBURG FL 34748

7. Name and Address of New Registered Agent

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. 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 \$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 PD
NAME WEINER, GARY S. ☐ Delete
STREET ADDRESS 5118 ELPINE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE STD
NAME WEINER, LYNDIA S. ☐ Delete
STREET ADDRESS 5118 ELPINE WAY
CITY-ST-ZIP PALM BEACH GARDENS FL 33418

TITLE PD
NAME WEINER, Gary S. ☐ Delete
STREET ADDRESS 4966 MALLORY ST
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE STD
NAME WEINER, Lynda S. ☐ Delete
STREET ADDRESS 4966 MALLORY ST
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WEINER, Gary S. ☒ Change ☐ Addition
STREET ADDRESS 4966 MALLORY ST
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE STD
NAME WEINER, Lynda S. ☒ Change ☐ Addition
STREET ADDRESS 4966 MALLORY ST
CITY-ST-ZIP LAKE WORTH, FL 33463

TITLE ☒ Change ☐ Addition
NAME ADDRESS ONLY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME ADDRESS ONLY
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

GARY S. WEINER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3, 2003 861 308 1669
Date Daytime Phone #

CR2E034 (10/02)