

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000059811

1. Entity Name

DAWN LOZANO MARTIN, D.M.D., P.A.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90166 021 \*\*\*150.00

Principal Place of Business

4909 N.W. 27TH CT., STE. B  
GAINESVILLE FL 32606

Mailing Address

4909 N.W. 27TH CT., STE. B  
GAINESVILLE FL 32606-6545

2. Principal Place of Business

1204 NW 69th Terrace, Ste. F  
Suite, Apt. #, etc.

3. Mailing Address

1204 NW 69th Terrace, Ste. F  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Gainesville, FL

City & State

Gainesville, FL

4. FEI Number

59-3590626

Applied For

Not Applicable

Zip

32605

Country

USA

Zip

32605

Country

USA

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

Name

Street Address (P.O. Box Number is Not Acceptable)

1204 NW 69th Terrace

Suite F

City

Gainesville

FL

Zip Code

32605

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, 2000 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	D	<input type="checkbox"/> Delete
NAME	MARTIN, DAWN L D.M.D.	
STREET ADDRESS	4909 N.W. 27TH CT., STE. B	
CITY-ST-ZIP	GAINESVILLE FL 32606	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1204 NW 69th Terrace, Suite F	
CITY-ST-ZIP	Gainesville, FL 32605	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

*Dawn L Martin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00  
Date

(352)331-5132  
Daytime Phone #

CR2E034 (9/99)