

2000 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90160 047 ***150.00

DOCUMENT # S00146

1. Entity Name

MAUREEN L. O'FLANAGAN, D.D.S., P.A.

Principal Place of Business

Mailing Address

**WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33442****1644 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33441-4464****ADDENDUM**

2. Principal Place of Business

201 S.E. 15th TERR.

3. Mailing Address

201 S.E. 15th TERR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 105**SUITE 105**

City & State

City & State

DEERFIELD BEACH, FL**DEERFIELD BEACH, FL 33441**

4. FEI Number

65-0216877

Applied For

Not Applicable

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)

201 S.E. 15th TERR, SUITE 105

City

DEERFIELD BEACH**FL**Zip Code
33441**O'FLANAGAN, MAUREEN L
1644 WEST HILLSBORO BOULEVARD
DEERFIELD BEACH FL 33442**

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD O'FLANAGAN, MAUREEN L 1644 WEST HILLSBORO BOULEVARD DEERFIELD BEACH FL 33442 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D O'FLANAGAN, MAUREEN L 201 S.E. 15th TERR. DEERFIELD BEACH, FL 33441 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: *Maureen L. O'Flanagan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)