

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 04, 2002 8:00 am
Secretary of State

07-04-2002 90547 019 ***150.00

DOCUMENT # S33706

1. Entity Name

Kay W. O'Leary, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2286 Tamiami Trail
Suite, Apt. #, etc.

3. Mailing Address
2286 Tamiami Trail
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Port Charlotte, FL

City & State
Port Charlotte, FL

4. FEI Number
63-0243825

Applied For
Not Applicable

Zip
33952

Country
USA

Zip
33952

Country
USA

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
J. Scott Joiner

Street Address (P.O. Box Number is Not Acceptable)
3005 Caring Way, Suite A

City
Port Charlotte

FL

Zip Code
33952

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

6/25/02

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
P/VP/Sec/T
Kay W. O'Leary
2286 Tamiami Trail
Port Charlotte, FL 33952

TITLE
NAME
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**DO NOT WRITE
IN THIS SPACE**

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: 

Kay O'Leary, Pres

941-627-2011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)



Attachment
S33706
118929
KAY W. O'LEARY, D.D.S., P.A.
Orthodontics

Member
American Association of
Orthodontists



June 25, 2002

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

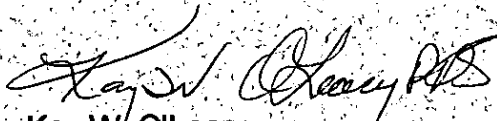
S33706

Dear Sir or Madam:

I have enclosed the 2002 Uniform Business Report. I did not receive the form this year and realized this when I was with my accountant. Please accept my reinstatement and I respectfully request that you waive any late fees.

Thank you for your consideration.

Sincerely,


Kay W. O'Leary