2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State
03-04-2000 90069 030 ***150.00

DOCUMENT # 534748

1. Entity Name

G. MICHAEL WOMBLE D.D.S., P.A.

Principal Place of Business	Mailing Address
~~NAPLES LAWDOCK, INC~~ G. M. Womble ~~4501 TAMIAMI TRAIL NORTH~~ ~~SUITE 300~~ ul ~~NAPLES FL 34103~~ ~~US~~	4501 TAMIAMI TRAIL NORTH SUITE 300 NAPLES FL 34103-3023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6100 Trail Blvd N #1	6100 Trail Blvd N. #1
Suite, Apt. #, etc. #1	Suite, Apt. #, etc. #1
City & State Naples, Fla	City & State Naples, Fla
Zip 34108 Country USA	Zip 34108 Country USA

4. FEI Number 59-1745406 ☐ 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
~~NAPLES LAWDOCK, INC.~~ 4501 TAMIAMI TRAIL, N. SUITE 300 NAPLES FL 34103	Name G. M. WOMBLE DDS Street Address (P.O. Box Number is Not Acceptable) 6100 Trail Blvd N #1 City Naples FL Zip Code 34108

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 G. M. WOMBLE DDS (Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE 2/26/00

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PTC WOMBLE, G. MICHAEL 6100 TAMIAMI TRAIL NORTH NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS WOMBLE, BETTY J. 6100 TAMIAMI TRAIL NORTH NAPLES FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~LOWELL, WILLIAM E.~~ ~~6100 TAMIAMI TRAIL N~~ ~~NAPLES FL~~	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (9/99)

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: G. Michael Womble 2/8/00 941-597-4944
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #