2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

600830

DOCUMENT #



FILED Mar 11, 2003 8:00 am Secretary of State

| 1. Entity Na | | WER, JR., D.D.S. | | | | 03-11-2003 90129 046 ***150.00 | | |
|---|---|---|-----------------------|---|---------------------------------------|--|--|--|
| Principal Place of Business 3434 ATLANTIC BLVD. JACKSONVILLE FL 32207 | | | 3434 | ing Address ATLANTIC BLVD. (SONVILLE FL 32207 | | | | |
| 2. Principal | Place of Busin | ness | 3. Ma | ailing Address | - | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | |
| City & State | | | | | | ☐ CHECK HERE IF MAKING CHANGES | | |
| | | | City | y & State | | 4. FEI Number 59-1231331 Applied Fo Not Applied | | |
| Zip | i | Country | Žip | | Country | 5. Certificate of Status Desired S8.75 Additional Fee Required | | |
| | 6. Name | and Address of Curr | ent Register | ed Agent | | 7. Name and Address of New Registered Agent | | |
| | | | | | Name | • | | |
| Wagner, Robert F. | | | | | Chroni Add | , , , , , , , , , , , , , , , , , , , | | |
| 3434 ATLANTIC BLVD. | | | | | Street Addres | ress (P.O. Box Number is Not Acceptable) | | |
| JACKSON | WILLE FL 32 | 2207 | | | | | | |
| | | | | | City | FL Zip Code | | |
| 8. The above | e named entity | y submits this statemen | nt for the purp | pose of changing its | registered office or regis | gistered agent, or both, in the State of Florida. I am familiar with, and acce | | |
| SIGNATURE | | | | | | | | |
| | Signature, typed | or printed name of registered ag | gent and title if app | olicable. (NOTE | : Registered Agent signature requ | equired when reinstating) DATE | | |
| Afte | er May 1, 200 | ! FEE IS \$150.00 3 Fee will be \$550.0 Florida Departmen | | | | 9. Election Campaign Financing \$5.00 May B Trust Fund Contribution. | | |
| 10. | - | OFFICERS AI | ND DIRECTO | PRS | 11. | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD WAGNER, 3434 ATLA JACKSONV | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | ☐ Change ☐ Addi | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD ALTON, HE 3424 ATLA JACKSONV | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | . Change Addi | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | - Change Addit | | |
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| TITLE NAME STREET ADDRESS | | | | Delete | TITLE NAME STREET ADDRESS | ☐ Change ☐ Additi | | |

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 chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: