## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 13, 2002 8:00 am § Secretary of State DOCUMENT # 602183 1. Entity Name 05-13-2002 90056 029 \*\*\*150.00 MORRISON AND MCCALLIE, D.D.S., P.A. Principal Place of Business Mailing Address 110 SOUTH MACDILL AVE 110 SOUTH MACDILL AVE TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1295567 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCCALLIE, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 110 SO MACDILL AVE TAMPA FL 33609 City Zip Code FI 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE Change ☐ Addition NAME MCCALLIE, WILLIAM J. NAME STREET ADDRESS 110 S. MACDILL AVENUE STREET ADDRESS CITY-ST-7IP TAMPA FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME MORRISON, HOWELL C. NAME STREET ADDRESS 110 S. MACDILL AVENUE STREET ADDRESS CITY-ST-ZIP tampa fl CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TIT! F Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (9/01)