## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P96000077896 DOCUMENT #

1. Entity Name

VIRGINIA N. DAVENPORT, D.D.S., P.A.

changed, or on an attachment with an

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

SIGNATURE:



Principal Place of Business Park view Dr. Mailing Address 945 Parkview Dr 3939 OTH ST-100051 ~~~~~~/// Tallahussee, FL SLEASOTH FL TAZOF Tallahassee, FL 32311 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-3402732 City & State Not Applicable \$8.75 Additional Zin Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAVENPORT, JENNY N DR. Street Address (P.O. Box Number is Not Acceptable) 3839 4TH ST N STE 350 945 Parkview Dr. SAINT PETERSBURG FL 33703 Tallahassee, FL 32311 Zip Code City 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. I am familiar with; and accept the obligations of registered age SIGNATUR (NOTE: Registered Agent signature required when reinstating) or princip name of registered agent and title it applicable FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Flection Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change ☐ Delete TITLE **PDST** TITLE NAME DAVENPORT, JENNY N DR. NAME 3839 4TH ST N STE 350 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33703 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [\_] Change (=) Addition -TITLE-\_\_ Delete = TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 10 or Block 11 if

FILED Feb 13, 2003 8:00 am Secretary of State

02-13-2003 90231 024 \*\*\*150.00

Daytime Phone #