## **2001 UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # P99000027523

## **FILED** Jan 22, 2001 8:00 am Secretary of State

1. Entity Nam  AMY H.	addington, D.D.S., P.A.		01-22-2001 90098 009 ***150.00								
Principal Plac 302 E. STRAWE MELBOURNE F	BRIDGE AVE.	Mailing Address  302 E. STRAWBRIDGE AVE. MELBOURNE FL 32901				C0007192					
2. Principal P	Place of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			<b>4.</b> F	El Number	59-356322	7		Applied For Not Applicable	-
Zip Country		Zip	try	5. 0	5. Certificate of Status Desired S8.75 Additional Fee Required					]	
	6. Name and Address of Current I	Registered Agent		- Name	.7. N	iame and Ac	Idress of New F	legistered /	Agent	<del></del>	1
FRESE, GARY B 930 S. HARBOR CITY BLVD., SUITE 505					ess (P.O. B	ox Number is	s Not Acceptable	e)			1
	BOURNE FL 32901							<del> </del>	-		†
			City				FL	Zip Co	de	1	
8. The above	named entity submits this statement for	the purpose of changing its	registere	ed office or reg	istered ag	ent, or both, i	in the State of Fk	orida.			]
SIGNATURE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered	Agent signature re	quired when re	instating)		DATE		<u> </u>	
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of St									
11.	OFFICERS AND I		12.			L DITIONS/CH	IANGES TO OFF	ICERS AND	DIRECTOR	3S IN 11_	<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Addington, Amy H 302 E. Strawbridge Ave. Melbourne Fl 32901	<b>3</b>							☐ Change	☐ Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		,					☐ Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete · ·		J					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-2IP		☐ Delete		1					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY~ST-ZIP		□ Delete		l l					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that m wered to execute this report a ith all other like empowered.	iy signati as requir	ure shall have ed by Chapter	the same I 607, Florid	egal effect as	s if made under o	oath: that I a	am an office	er or director	
SIGNAT	URE: Ung H. Udd	LA AMU	H. A	Addingt	ton_		Date O	<u> </u>	- 722 - 3 aytime Phone #	3337	