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

## **DOCUMENT # 475754**

1. Entity Name

FOX DENTAL COMPANY

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

03-22-2001 90029 002 \*\*\*150.00

2. Principal Place of Business  3. Mailing Address  Suite, Apt. #, etc.  DO NOT WRITE IN THIS SPACE  City & State  City & State  City & State  City & State  Country  Zip  Country  5. Certificate of Status Desired  Fee Required  6. Name and Address of Current Registered Agent  Name			<b>√</b> . = ~ .								
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S. Name and Address of Current Registered Agent ThOMAS P FOX, ESSO 201 E. KENNEDV BLVD #215 TAMPA FL 33802  8. The above named entity aubmits this statement for the purpose of changing its registered office or registered agent, or both, in the Sixte of Rordin.  Signature, hydror period rate of registering agent and the specialists.  OPPLE REGISTRATION Comments and address of Current Registered Agent and the specialists.  OPPLE Registered office or registered agent, or both, in the Sixte of Rordin.  Signature, hydror period rate of registering agent and the specialists.  OPPLE Registered office or registered agent, or both, in the Sixte of Rordin.  Signature, hydror period rate of registering agent and the specialists.  OPPLE Registered office or registered agent, or both, in the Sixte of Rordin.  Signature, hydror period rate of registering agent and the specialists.  OPPLE Registered office or registered agent, or both, in the Sixte of Rordin.  Signature, hydror period rate of registering agent and the specialists.  OPPLE Registered office or registered agent, or both, in the Sixte of Rordin.  ONT Tax filling requirement and elects to do so.  After MAY 1, 2001 Fee will be \$550,00  After May 2, 2001 Fee will	City & State		City & State		4. 1	FEI Number	59-159518	36	<u> </u>		
Thomas P FOX, ESO 201 E. KENNEDV BLVD #215 TAMPA FL 33602  8. The above named antity submits this statement for the purpose of changing its registered disce or registered agent, or both, in the State of Florida.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax fifting requirement and elects to do so.  Atter MAY 1, 2001 Fee will be \$55.00.  At	Zip	Country	Zip	Country	5. (	Certificate of	Status Desired				
THOMAS P FOX, ESO 201 E. KRINEDY BLVD #215 TAMPA FL 33602  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code  SIGNATURE  Supertine, head or prised rans of registered agent and time it approach.  SIGNATURE  Signature, head or prised name of registered agent and time it approach.  OFFICE NOW!! FEE I \$150.00 After MAY 1, 2001 Fee will be 350.00 Af		6. Name and Address of Current R	egistered Agent	- on a Committee State	7. 1	Name and Ad	dress of New		,		
201 E. KENNEDY BLVD #215 TAMPA FL 33602  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  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  Symblex, head a prince nere of registered agent and time a septication.  P. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)  Signatury, head a prince nere of registered agent, or both, in the State of Florida.  FILE NOW!!! FEE IS \$150.00  After MAY 1, 2001 Fee will be \$550.00  Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PD  FOX JR., FRED J.  4403 W. PLATT STREET  STREET ADDRESS  CITY-SI-2P  TAMPA FL  TITLE  Delete  TITLE  Delet	The state of the s			Name							
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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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR