

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90241 045 ***150.00

DOCUMENT # 499124

1. Entity Name

THOMAS H. CARTLEDGE III, D.D.S., M.S., P.A.

Principal Place of Business

**106 NORTH KINGS RD
 SUITE C
 ORMOND BCH FL 32174-9427**

Mailing Address

**106 NORTH KINGS RD
 SUITE C
 ORMOND BCH FL 32174-9427**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1298436**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARTLEDGE, THOMAS H III
 106 N KINGS RD
 SUITE C
 ORMOND BCH FL 32174-9427**

Name

Street Address (P.O. Box Numbers Not Acceptable)

City

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

Signature of principal place of business of registered agent and the filer (also)

(NOTE: Registered Agent signature required when re-registering)

DATE

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PD	☐ Delete
NAME	CARTLEDGE, THOMAS H III	
STREET ADDRESS	106 N KINGS RD #C	
CITY-STATE-ZIP	ORMOND BCH FL 32174	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ Delete
NAME		
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TITLE		☐ Change ☐ Add/Rev
NAME		
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TITLE		☐ Change ☐ Add/Rev
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.04(3)(b), Florida Statutes. I further certify that the information included 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.

SIGNATURE:

Thomas H. Cartledge III
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas H. Cartledge III

4-18-01

904-672-4981

CR2E034 (10/00)