

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 570684

FILED
Apr 03, 2002 8:00 AM
Secretary of State

Entity Name: DUPONT, WILKERSON, GRUNDSET, DAXON & SCOTT, DENTISTRY, P.A.

Current Principal Place of Business:

111 2ND AVE NE #1104
ST PETERSBURG, FL 337013411

New Principal Place of Business:

Current Mailing Address:

111 2ND AVE NE #1104
ST PETERSBURG, FL 337013411

New Mailing Address:

FEI Number: 59-1823589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUPONT, GLENN E.
111 2ND AVE NE #1104
SAINT PETERSBURG, FL 33701 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ROACH, REUBEN R.,
Address: 111 2ND AVE NE #1104
City-St-Zip: ST PETERSBURG, FL

Title: V () Delete
Name: DUPONT, GLENN E.,
Address: 111 2ND AVE NE #1104
City-St-Zip: ST. PETERSBURG, FL

Title: ST () Delete
Name: WILKERSON, DEWITT,
Address: 111 2ND AVE NE #1104
City-St-Zip: ST. PETERSBURG, FL

Title: AS () Delete
Name: GRUNDSET, KENNETH
Address: 111 2ND AVE. NE #1104
City-St-Zip: ST. PETERSBURG, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: SCOTT, CARLY J.,
Address: 111 2ND AVE NE #1104
City-St-Zip: ST PETERSBURG, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLENN E DUPONT

PRES

04/03/2002

Electronic Signature of Signing Officer or Director

Date