

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90114 014 ***150.00

DOCUMENT # 588186

1. Entity Name
TIMOTHY W. CONWAY D.D.S., P.A.



Principal Place of Business
**2005 THONOTOSASSA ROAD
STE. A
PLANT CITY FL 33566
US**

Mailing Address
**2005 THONOTOSASSA ROAD
STE. A
PLANT CITY FL 33566
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1862449**

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

**CONWAY, TIMOTHY W.
2005 THONOTOSASSA RD.
PLANT CITY FL 33566**

Name

Street Address (P.O. Box Number is Not Acceptable)

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **6 Feb 2003**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **CONWAY, TIMOTHY W**
STREET ADDRESS **2005 THONOTOSASSA ROAD**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **DS DIRECTORS SECRETARY** ☐ Change ☒ Addition
NAME **PAMELA D. CONWAY**
STREET ADDRESS **2005 THONOTOSASSA Rd**
CITY-ST-ZIP **PLANT CITY FL 33563**

TITLE **DV** ☒ Delete
NAME **STEVENS, JAMES L**
STREET ADDRESS **2005 THONOTOSASSA ROAD**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **TIMOTHY W CONWAY** 2-6-03 813 754 3794
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)