

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 600493

FILED
Jan 03, 2003
Secretary of State

Entity Name: MECHANIK & THACKER, M.D.S, P.A.

Current Principal Place of Business:

2901 ST ISABELL
SUITE B
TAMPA, FL 33607

New Principal Place of Business:

2901 ST ISABEL
SUITE B
TAMPA, FL 33607

Current Mailing Address:

2901 ST ISABELL
SUITE B
TAMPA, FL 33607

New Mailing Address:

2901 ST ISABEL
SUITE B
TAMPA, FL 33607

FEI Number: 59-1221128

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

THACKER, CLIFFORD L
2901 ST ISABEL STREET
STE B
TAMPA, FL 33607 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MECHANIK, VALERIE C
Address: 2901 ST ISABEL STREET SUITE B
City-St-Zip: TAMPA, FL 33607

Title: S () Delete
Name: THACKER, CLIFFORD MD3
Address: 2901 ST ISABEL ST
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: CLIFFORD L. THACKER

MD

01/03/2003

Electronic Signature of Signing Officer or Director

Date