

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 600859

1. Entity Name
WILBURN J. LOWE D.D.S., P.A.

Principal Place of Business
875 MASON AVE
DAYTONA BEACH FL 32118-4016
US

Mailing Address
875 MASON AVE
DAYTONA BEACH FL 32118-4016
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1233133

Applied For

Not Applicable

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

LOWE, WILBURN J
1065 N HALIFAX
ORMOND BEACH FL 32074

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS LOWE, WILBURN J D.D.S 1065 N HALIFAX ORMOND BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GILES, JACK D.D.S 1205 NW 23RD BLVD GAINESVILLE FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD LOWE, WILBURN J D.D.S 1065 N HALIFAX ORMOND BCH FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. J. Lowe*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/6/00 *304-0100*
Date Daytime Phone #

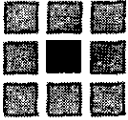
FILED
Aug 09, 2000 8:00 am
Secretary of State

08-09-2000 90082 004 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)



Attachment
DOC. #600859
A0072147

Richard K. Churchman, P.A.

CERTIFIED PUBLIC ACCOUNTANT

MEMBER: AMERICAN INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

1255 Mason Avenue • Daytona Beach, FL • 32117

(904) 257-1646 • FAX (904) 257-1648

E-mail - rkc@n-jcenter.com

MEMBER: FLORIDA INSTITUTE OF
CERTIFIED PUBLIC ACCOUNTANTS

July 31, 2000

Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: Wilburn J. Lowe, D.D.S., P.A.
875 Mason Avenue
Daytona Beach, Florida 32118-4016

This letter is in reference to the late filing of the 2000 Uniform Business Report for the above named corporation. The corporation did not receive the first report mailed out by your department, and therefore, requests abatement of the late filing fee.

Enclosed is a check for the original fee of \$150 and a signed Power of Attorney. The above named report must have been one of the many that were lost in the mail. Please contact me if you require any further information regarding this matter.

Your approval of this request is sincerely appreciated.

Sincerely,

Richard K. Churchman
Certified Public Accountant

Encls.

C: Wilburn J. Lowe

Re-print Taxpayer Name(s):

Taxpayer ID #

STF1
 PAGE 2

- Taxpayer(s) must complete Page 1 of this Power of Attorney, or it will be returned.

6. NOTICES AND COMMUNICATIONS

- Notices and other written communications will be sent to the first representative listed in Part I, section 2, unless taxpayer selects one of the options below.

- If you want any notices and communications sent to both you and your representative, check this box ☒
- If you do not want any notices or communications sent to your representative, check this box ☐
- If you want the second representative listed to receive such notices and communications, check this box ☐
- If you want the third representative listed to receive such notices and communications, check this box ☐

7. RETENTION / REVOCATION OF PRIOR POWER(S) OF ATTORNEY

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Florida Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check this box. ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

8. SIGNATURE OF TAXPAYER(S)

If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, trustee, or fiduciary on behalf of the taxpayer, I declare under penalties of perjury that I have the authority to execute this form on behalf of the taxpayer. Under penalties of perjury, I (we) declare that I (we) have read the foregoing document, and the facts stated in it are true.

If this Power of Attorney is not signed and dated, it will be returned.

Wilburn J. Lowe D.D.S., P.A. Aug. 6TH 00
 SIGNATURE DATE

President

TITLE (If Applicable)

Wilburn J. Lowe

PRINT NAME

SIGNATURE

DATE

TITLE (If Applicable)

PRINT NAME

PART II - DECLARATION OF REPRESENTATIVE

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matter(s) specified therein, and to receive confidential taxpayer information;
- I am one of the following:
 - Attorney - a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - Enrolled Agent / Actuary - enrolled as an agent or actuary under the requirements of Treasury Department Circular No. 230. (Attach evidence of enrolled status.)
 - Law student who is certified pursuant to Chapter 11 of the Rules Regulating the Florida Bar.
 - Former Department of Revenue employee. As a tax representative, I cannot accept representation in a matter upon the merits of which I had direct involvement while I was a public employee.
 - Other Qualified representative. (Note: Representatives qualifying under this subsection must comply with Rules 12-6.005 and 28-106.106, Florida Administrative Code.);
- I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will be returned.

DESIGNATION - INSERT ABOVE LETTER (a - f)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
b.	Florida	<i>Richard K. Chubb</i>	7-31-2000

POWER OF ATTORNEY and Declaration of Representative

PART I - POWER OF ATTORNEY

1. TAXPAYER INFORMATION (Taxpayer(s) must sign and date this form on Page 2, Part I, Section 8)

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	TAXPAYER IDENTIFICATION NO(S). (SSN, FEIN, etc.)	FLORIDA TAX REGISTRATION NUMBER
WILBURN J. LOWE, D.D.S., P.A. 875 MASON AVENUE DAYTONA BEACH FL 32117	59-1233133	
		DAYTIME TELEPHONE NUMBER

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2. REPRESENTATIVE(S) (Each representative must be listed individually, and must sign and date this form on Page 2, Part II)

NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
Richard K. Churchman, C.P.A. 1255 Mason Avenue Daytona Beach, Florida 32117	904-257-1646
	FAX NUMBER 904-257-1648
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	FAX NUMBER
NAME AND ADDRESS (Please Type or Print)	TELEPHONE NUMBER
	FAX NUMBER

To represent the taxpayer(s) before the Florida Department of Revenue in the following tax matters:

3. TAX MATTERS

TYPE OF TAX (Corporate, Sales, Intangible, etc.)	TAX FORM NUMBER (F-1120, DR-15, DR-601, etc.)	YEAR(S)/PERIOD(S)/MATTER(S)
Uniform Business Report		2000

4. ACTS AUTHORIZED

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in section 3, (for example, the authority to sign any agreements, consents, or other documents). The authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to receive refund warrants or the power to sign certain returns.

LIST ANY SPECIFIC ADDITIONS OR DELETIONS TO THE ACTS OTHERWISE AUTHORIZED IN THIS POWER OF ATTORNEY

5. RECEIPT OF REFUND

If you want to authorize a representative named in section 2 to receive, BUT NOT TO ENDORSE OR CASH, refund warrants, initial here _____ and list the name of that representative below.

NAME OF REPRESENTATIVE TO RECEIVE REFUND WARRANTS: _____