

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90093 029 ***150.00

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

4904 Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Port Orange, FL

Zip
32119

Country

US

3. Mailing Address

4904 Clyde Morris Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Port Orange, FL

Zip
32119

Country

US



DO NOT WRITE IN THIS SPACE

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

**LOWE, WILBURN J
 1065 N HALIFAX
 ORMOND BEACH FL 32074**

7. Name and Address of New Registered Agent

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 \$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

TITLE **PS** ☐ Delete
 NAME **LOWE, WILBURN J D.D.S**
 STREET ADDRESS **1065 N HALIFAX**
 CITY-ST-ZIP **ORMOND BCH FL**

TITLE **D** ☐ Delete
 NAME **GILES, JACK D.D.S**
 STREET ADDRESS **1205 NW 23RD BLVD**
 CITY-ST-ZIP **GAINESVILLE FL**

TITLE **TD** ☐ Delete
 NAME **LOWE, WILBURN J D.D.S**
 STREET ADDRESS **1065 N HALIFAX**
 CITY-ST-ZIP **ORMOND BCH FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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:

Wilburn J. Lowe
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

#26-01
 Date

Daytime Phone #

CR2E034 (10/00)