

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90172 028 ***150.00

DOCUMENT # 600859

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



Principal Place of Business

4904 CLYDE MORRIS BLVD
STE A
DAYTONA BEACH, FL 32119 US
PORT ORANGE, FL 32129

Mailing Address

4904 CLYDE MORRIS BLVD
STE A
DAYTONA BEACH, FL 32119 US
PORT ORANGE, FL 32129



04192004 No Chg-P CR2E034 (10/03)

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

CHURCHMAN, RICHARD K CPA
1255 MASON AVE
DAYTONA BEACH, FL 32117

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

4-23-04
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wilburn J. Lowe

Date

Daytime Phone #

4-23-04 441-3178