## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 601331** WAYNE O. SMITH, D.D.S., P.A. 01-29-2001 90190 019 \*\*\*150.00 Principal Place of Business Mailing Address 777 37TH ST 777 37TH ST STF D-107 STE D-107 VERO BCH FL 32960 VERO BCH FL 32960 D0009781 Principal Place of Business 3. Mailing Address th Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE D 107 D107 City & State City & State 4. FEI Number Applied For 59-1268809 BEACH VERO BEACH Not Applicable Country Zip-~ \$8.75 Additional 5. Certificate of Status Desired 32960 USA J S A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SMITH SMITH, WAYNE O 1501 PRESIDENTIAL WAY #7 (P.O. Box Nymber is Not Acceptable) WEST PALM-BEACH FL 33401 BEACH 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT PD -- Change Addition TITLE Delete TITLE WAYNE NAME SMITH, WAYNE O NAME 37th ST STREET ADDRESS 1501 PRESIDENTIAL WAY #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR