2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003
Secretary of State

DOCUMENT# 601503

Entity Name: C. PAUL WILCOX DDS PROFESSIONAL ASSOCIATION

Current Principal Place of Business:

563 UNIVERSITY BLVD., N.
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

563 UNIVERSITY BLVD., N.
JACKSONVILLE, FL 32211

New Mailing Address:

P. O. BOX 297
WELAKA, FL 32193

FEI Number: 59-1275944 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILCOX,C PAUL
563 UNIVERSITY BLVD
JACKSONVILLE, FL 32211

Name and Address of New Registered Agent:

WILCOX, C. PAUL
P. O. BOX 297
WELAKA, FL 32193

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: C. PAUL WILCOX 04/28/2003
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILCOX,C PAUL,
Address: 563 UNIVERSITY BLVD.
City-St-Zip: JACKSONVILLE, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: WILCOX,C PAUL,
Address: P. O. BOX 297
City-St-Zip: WELAKA, FL 32193

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: C. PAUL WILCOX PD 04/28/2003
Electronic Signature of Signing Officer or Director Date