

2000 UNIFORM BUSINESS REPORT (UBR)

ATX1

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|---|----------------|---|----------------|
| DOCUMENT # 603850 | | | |
| 1. Entity Name Russel C. Boyd, D.D.S., P.A. | | | |
| Principal Place of Business 631 San Esteban Coral Gables, FL 33146-1338 | | Mailing Address 631 San Esteban Coral Gables, FL 33146-1338 | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | | | |
| Boyd, Russel C. 1520 Venera Avenue Coral Gables, FL | | | | Name Boyd, Jacquelyn Street Address (P.O. Box Number is Not Acceptable) 631 San Esteban City Coral Gables FL Zip Code 33146-1338 | | | |

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 *Jacqueline Boyd* *Jacqueline Hallahan Boyd* *Trustee*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date *4/2/03*

| | | | | | |
|--|--|---|--|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | | FILE NOW!!! FEE IS \$160.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees. | |
|--|--|---|--|--|--|

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|-----------------------------------|------------------------|--|------------------------|--|--|--|--|
| 11. OFFICERS AND DIRECTORS | | | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | |
| TITLE | PTD | <input checked="" type="checkbox"/> Delete | TITLE | PTD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | <i>Jacqueline Boyd</i> <i>Pers. Rep. Trustee</i> 700017077967 04/25/03--01015--029 **150.00 | |
| NAME | Boyd, Russell | | NAME | Boyd, Jacquelyn | | | |
| STREET ADDRESS | 1520 Venera Avenue | | STREET ADDRESS | 631 San Esteban | | | |
| CITY - ST - ZIP | Coral Gables, FL | | CITY - ST - ZIP | Coral Gables, FL 33146-1338 | | | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | Mahaffey, Michael J. | | NAME | | | | |
| STREET ADDRESS | 1520 Venera Avenue | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | Coral Gables, FL 33146 | | CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | CITY - ST - ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY - ST - ZIP | | | 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.

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|--|---|---------------------------|-------------------------------------|
| SIGNATURE: <i>Jacqueline Boyd</i> | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <i>Jacqueline Hallahan Boyd</i> | Date <i>4/2/03</i> | Daytime Phone # 305-665-1064 |
|--|---|---------------------------|-------------------------------------|

CR 34 (9/99)