

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 604076

1. Entity Name

S.W. SAYRE, JR., D.D.S., P.A.

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90015 027 ***150.00

Principal Place of Business

Mailing Address

5724 HANSEL AVE.
ORLANDO FL 32809-4217

5724 HANSEL AVE.
ORLANDO FL 32809-4217

2. Principal Place of Business

3. Mailing Address

7025 N. WICKHAM Rd Ste 105
Suite, Apt. #, etc.
MELBOURNE FL 32940

7025 N. WICKHAM Rd Ste 105
Suite, Apt. #, etc.
MELBOURNE FL 32940

City & State

City & State

4. FEI Number 59-1445498

Applied For
Not Applicable

Zip 32940 Country U.S.A.

Zip 32940 Country U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SAYRE, S W JR.
5724 HANSEL AVE
ORLANDO FL 32809

Name S.W. SAYRE, JR.
Street Address (P.O. Box Number is Not Acceptable)
7025 N. WICKHAM RD., STE 105
Melbourne
City FL Zip Code 32940

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 *S.W. Sayre Jr.*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-19-00
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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME SAYRE, S W JR.
STREET ADDRESS 5724 HANSEL AVENUE
CITY-ST-ZIP ORLANDO FL ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 7025 N. WICKHAM RD, STE 105
CITY-ST-ZIP Melbourne, FL 32940

TITLE ST
NAME JACOBS, J H JR. ☒ Delete
STREET ADDRESS 836 S. RIDGEWOOD AVE.
CITY-ST-ZIP DAYTONA BEACH FL 32114

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)