

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
May 30, 2001 8:00 am
Secretary of State

05-01-2001 90098 008 ***150.00

DOCUMENT # 604397
 1. Entity Name
STEPHEN C. TRAWICK, D.D.S., INC.

Principal Place of Business 1100 AIRPORT BLVD. BUILDING A PENSACOLA FL 32504	Mailing Address 1100 AIRPORT BLVD. BUILDING A PENSACOLA FL 32504
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 59-1464081	Applied For <input type="checkbox"/> Not Applied
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MITCHELL, WILLIAM R
220 WEST GARDEN STREET
SUNTRUST TOWER, 9TH FLOOR
PENSACOLA FL 32501

7. Name and Address of New Registered Agent
 Name **Ed Moore**
 Street Address (P.O. Box Number is Not Accorabio)
220 W. Garden St.
Suntrust Tower, 9th Floor
 City **Pensacola** FL Zip Code **32501**

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 _____
Signature, typed or printed name of registered agent; and title (applicable). (NOTE: Registered Agent signature required when constituting) 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, 2001 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		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TRAWICK, STEPHEN C 1100 AIRPORT BLVD, BLDG A PENSACOLA, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TRAWICK, LUCY B 1100 AIRPORT BLVD, BLDG A PENSACOLA, FL 00000	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/>	<input type="checkbox"/>

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Stephen C. Trawick* **4-6-01**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)



Stephen C. Trawick, D.D.S.

May 22, 2001

Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

This is in reference to the 2001 Uniform Business Report filed by Stephen C. Trawick, D.D.S., P.A., Document #604397.

Please leave the registered agent in line 6 as Mitchell, William R. We will not be changing agents at this time, therefore there will be no need for the signature of Ed Moore.

If you have any questions you may contact us at (850)477-7715.

Thank you,

Dr. Stephen C. Trawick

1100-A Airport Boulevard
Pensacola, Florida 32504
(850) 477-7715 fax: (850) 477-7717

Corner of Center and Nightingale
Gulf Breeze, Florida 32561
(850) 932-3523

5481-A Woodbine Road
Pace, Florida 32571
(850) 995-4811

email: trawickortho@gulf.net

American Association of
Orthodontists 

Diplomate of the American Board of Orthodontics