

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 644317

1. Entity Name

LEWIS C. WALKER, D.D.S., M.S., P.A.

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90123 033 ***150.00

Principal Place of Business

Mailing Address

212 BARNETT REGENCY TOWER
JACKSONVILLE FL 32225

212 BARNETT REGENCY TOWER
JACKSONVILLE FL 32225

2. Principal Place of Business

3. Mailing Address

9550 REGENCY SQUARE BLVD 9550 REGENCY SQ. BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 212

SUITE 212

City & State

City & State

JACKSONVILLE, FL

JACKSONVILLE, FL

Zip

Country

Zip

Country

32225 USA

32225 USA

4. FEI Number

59-1946697

Applied For

Not Applicable

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

WALKER, LEWIS C., D.D.S., M.S.
212 BARNETT REGENCY TOWER 9550
JACKSONVILLE FL 32225

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/00
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 PD ☐ Delete
NAME WALKER, LEWIS C DDS
STREET ADDRESS 1210 JOURNEYS END LANE
CITY-ST-ZIP JACKSONVILLE, FL 00000 32223

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
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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:

Lewis C. Walker DDS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lewis C. Walker, DDS.

2/5/00
Date

904-724-2032
Daytime Phone #

CR2E034 (9/99)