

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 31, 2002 8:00 am
Secretary of State

03-31-2002 90353 003 ***150.00

DOCUMENT # 644 549

1. Entity Name

Townsend Orthodontics

DO NOT WRITE IN THIS SPACE

B0053949

2. Principal Place of Business

3322 Atlantic Blvd.

Suite, Apt. #, etc.

3. Mailing Address

3322 Atlantic Blvd

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Jacksonville FL

Zip

32207

Country

US

Zip

32207

Country

US

4. FEI Number

59-1949120

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Townsend, Don M.

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

3322 Atlantic Blvd

City

Jacksonville

FL

Zip Code

32207

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE PT
NAME Townsend, Don M.
STREET ADDRESS 11319 Portside Drive
CITY-ST-ZIP Jacksonville FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S
NAME Townsend, Frances
STREET ADDRESS 11319 Portside Drive
CITY-ST-ZIP Jacksonville FL

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**DO NOT WRITE
IN THIS SPACE**

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 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 #

3/15/02

396 7415/904

CR2E034B (12/01)