2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

644563 **DOCUMENT #**

1. Entity Name JON S. WILKINS D.D.S., P.A.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91471 008 ***150.00

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Principal Place of Business 731 WEST MORSE BOULEVARD WINTER PARK FL 32789 US			Mailing Address 731 WEST MORSE BOULEVARD WINTER PARK FL 32789 US									
2. Principal Place of Business			3. Mailing Address				-	1 1001/L 01/21/ 04/14/ B100/ 04/11/	J IIII DIBIL DIAL			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES				
City & State			City & State			4.	4. FEI Number 59-1945874 Applied For Not Applicable]	
Zip	Country		Zip		Cour	Country		Certificate of Status Desired		8.75 Adee Require	ditional	
	6. Name	and Address of Current I	Registere	ed Agent			7.	Name and Address of New Re	gistered Ag	ent_]
WILKINS,	JON S.	· · • • •	· •			Name						ļ
731 WEST MORSE BOULEVARD				Street Add			is (P.O. Box Number is Not Acceptable)					
WINTERF	PARK FL 32	7.69				City			FL	Zip Cod	e	
	named entititions of regist		the purp	ose of changing its	register	ed office or regist	ered aç	gent, or both, in the State of Flori	ida. I am far	niliar with,	and accept	ļ
SIGNATURE .	Since the same	or printed name of registered agent a	-d 60- il	See a la l	. Do sister				DATE			
			no title il app	nicable. (NUT	:: Hegistere	d Agent signature requir	ec when r	reinstating)	DATE			1
After	r May 1, 200	! FEE IS \$150.00 03 Fee will be \$550.00 o Florida Department of	State 1					9. Election Campaign Fina Trust Fund Contribution.		\$5.0 Added	O May Be to Fees	
10.		OFFICERS AND I		BS	11.		Αſ	L ODITIONS/CHANGES TO OFFIC	CERS AND D	URECTOR	S IN 11	
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NAME STREET ADDRESS		MORSE BOULEVARD				EET ADDRESS				-		CR2E034 (10/02)
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اــــــا	certify that the	e information supplied with	this filina	does not qualify for	_1		Section	119.07(3)(i), Florida Statutes. I f	urther certify	that the in	nformation	l

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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

AMOURE REQUIRED Jon S. Wilkins URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 8, 2003 Date

(407) 644-0177

Daytime Phone #