

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2002 8:00 am
Secretary of State

02-17-2002 90053 019 ***150.00

0009795 AV

DOCUMENT # 648100

1. Entity Name

WILLIAM MARCHESE, D.M.D., P.A.

Principal Place of Business

**315 WEST CALL ST.
 4811 BEACH BLVD., STE. 302
 STARKE FL 32901
 US**

Mailing Address

**315 WEST CALL ST.
 4811 BEACH BLVD., STE. 302
 STARKE FL 32901
 US**

2. Principal Place of Business

315 West Call St

3. Mailing Address

315 West Call St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Starke FL

City & State

Starke FL

Zip

32091

Country

US

Zip

32091

Country

US

4. FEI Number

59-1954240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**MARCHESE, WILLIAM
 315 WEST CALL STREET
 STARKE FL 32091**

7. Name and Address of New Registered Agent

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)

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, 2002 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

TITLE **PST** ☐ Delete
 NAME **MARCHESE, WILLIAM**
 STREET ADDRESS **315 WEST CALL STREET**
 CITY-ST-ZIP **STARKE FL**

TITLE **D** ☐ Delete
 NAME **MARCHESE WILLIAM**
 STREET ADDRESS **315 WEST CALL STREET**
 CITY-ST-ZIP **STARKE FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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:

William Marchese, DMD, PA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/02
 Date

904-964-7501
 Daytime Phone #

CR2E034 (9/01)