## **2001 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # F91523** 

ELDON L. BUNN, D.D.S., P.A.

Principal Place of Business .

% BUNN. ELDON L. D.D.S. 8305 COUNTY ROAD 44 LEG-A LEESBURG FL 34788

Mailing Address

% BUNN. ELDON L. D.D.S. 8305 COUNTY ROAD 44 LEG-A LEESBURG FL 34788

**FILED** Jan 26, 2001 8:00 am Secretary of State

01-26-2001 90150 013 \*\*\*150.00

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City & State	2. Principal P	Place of Busine	ess ·	3. Mailing Address		\ <del>-</del> 1t						
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Separate   Country   Country   Country   Separate   Country   Separate   Se	City & State City & State						<b>4</b> . F	FEI Number 59-2202479				
BUNN, ELON L D.D.S. 8005 COUNTY ROAD 044 EGA LEESBURG FL 34788  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.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Tax filing requirement and elects of os.  9. This Corporation is eligible to satisfy its Intangible Time Interval Corporation is eligible to satisfy its Intangible Time Interval Corporation is eligible to satisfy its Intangible Time Interval Corporation is eligible to satisfy its Intangible Time Interval Corporation is eligible to satisfy its Intangible Time Interval Corporation is eligible to satisfy its Intangible Time Interval Corporation is eligible to satisfy its Intangible Time Interval Corporation is eligible to satisfy its Intangible Time Interval Corporation interval Corporation into Interval Corporation into Interval Corporation into Interval Corporat	Zip		Country	Zip	Coun	Country		Certificate of Status Desired \$8.75 Additional			ditional	
BUNN, ELDON L D.D.S. 8305 COUNTY ROAD 44 EGA LEESBURG FL 34788  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  9. This corporation is eligible to satisfy its intangible Tax liting requirement and elects to do so.   After MAY 1, 2001   Fee will be \$\$50.00   Make Check Payable to Department of State  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TIME BUNN, ELDON L, DDS STREET AUDRESS STREET AUDRESS STREET AUDRESS CITY-S1-2P  TIME NAME STREE		6. Name	and Address of Current Re	egistered Agent		٠	7. N	lame and Address of New Re	gistered A	gent		
8. The above named entity submits this statement for the purpose of changing its registered office or registrord agent, or both, in the State of Florida.  SIGNATURE    Signature, typed or printed named registered agent agent for its purpose of changing its registered office or registrord agent, or both, in the State of Florida.    Signature, typed or printed named registered agent agent signature required agent agent signature required agent algebrate required agent	8305 COUNTY ROAD 44 EG-A					Name						
SIGNATURE  9. Trils corporation is eligible to satisfy its intangible (See criteria apent and elects to do so. (See criteria and back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  BINN, ELDON L, DDS  305 CR 44 LEG A  LESBURG FI  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  NAME  STREET ADDRESS  CITY-51-2P  Delete  TITLE  NAME  STREET ADDRESS  CITY-51-2P  TITLE  STREET ADDRESS  CITY-						City FL Zip Code						
Tax filing requirement and elects to do so. (See certarian on back)   Make Check Payable to Department of State   Trust Fund Contribution.   St.00 May Be Added to Fees Ad	SIGNATURE .	Signature, typed o	r printed name of registered agent and	title if applicable. (NOTE:	Registere	d Agent signature	required when re					
TITLE NAME STREET ADDRESS CITY-ST-ZIP  DP BUNN, ELDON L, DDS 8305 CR 44 LEG A LEESBURG FL  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE	Tax filing requirement and elects to do so. (See criteria on back)  After MAY 1, 2001  Make Check Payable					will be \$550	0.00	_ <b></b>				
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13. I hereby contify that the information conclined with this filling does not contify for the greatest the filling does not good for the greatest t	NAME STREET ADORESS CITY-ST-ZIP				NAME STREE	T ADDRESS			į	Change	☐ Addition	

r riereby 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.