2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

G66064 DOCUMENT

1. Entity Name

RICHARD C. SUMNER D.D.S., P.A.



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

04-28-2003 90145 026 ***150.00

Delete		• • • • • • • • • • • • • • • • • • •			İ								
Suite, Apt #, etc. Suite, Apt #, etc. Suite, Apt #, etc. Chy & State Chy & Chy & State Chy &	2403 S. FLORIDA AVENUE		2403 S. FLORIDA AVENUE					r sainn agus shiri shiri shiri shiri	#181 B1811 B11	0 ft 0 1 0 1 0 1 0 1 0 1 0 1	NIFII GIONI J e gi		
Sulfa, Apt. 4, etc. City & State City & State City & State City & State A. FEI Number Sp-2352474 Applies For Nort Applicable Nort Appli	2. Principal P	lace of Business	3. Mailin	a Address									
City & State City & State City & State City & State County			J. Maining Addition										
Section Company Zo	Suite, Apt.	#, etc.	Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent	City & Stat	e	City & State									_	
ROBERT L. TITUS, CPA 225 EAST LEMON ST. STE 205 LAKELAND FL 33813 City FL Zip Code City FL Addition Campaign Financing Fl Addition Contribution. Code Fees Addition Additio	Zip		Zip		Count	try OK		5. Ce	ertificate of Status Desired				
Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable in the Acceptable is Address in Acceptable in the Acceptable is Address in the Acceptable	6. Name and Address of Current Registered Agent							7., Na	ame and Address of New Re	istered A	gent],
225 EAST LEMON ST. STE 205 LAKELAND FL 33813 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, beat of provided agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, in both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Florida Delate of Fl	DODERT I TITLE ORA					Name			•				
STE 205 LAKELAND FL 33813 City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and first facilitative. Signature City FL Zip Code							Street Address (P.O. Box Number is Not Acceptable)						
LAKELAND FL 33813 City FL Zip Code 6. 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. I am familiar with, and accept the octigations of registered agent. SIGNATURE Signature, typer or primed name of registered agent, or both, in the State of Florida. I am familiar with, and accept the name of registered agent, or both, in the State of Florida. I am familiar with, and accept the name of registered agent, or both, in the State of Florida. I am familiar with, and accept the name of registered agent, or both, in the State of Florida. I am familiar with, and accept the name of registered agent, or both, in the State of Florida. I am familiar with, and accept the name of registered agent, or both, in the State of Florida. I am familiar with, and accept the name of Florida. I am familiar with, and accept the name of Florida or registered agent, or both, in the State of Florida. I am familiar with, and accept the name of Florida or registered agent, or both, in the State of Florida. I am familiar with, and accept the name of Florida or registered name of		LEMON OI.			ŀ								1
the obligations of registered agent. SIGNATURE Signature Sig						City				FL	Zip Cod	e	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Floridad Department of State 10. OFFICERS AND DIRECTORS			r the purpos	se of changing its re	egistere	ed office or re	gistered	d ager	nt, or both, in the State of Flori	da. I am fa	amiliar with,	and accept	1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State O	SIGNATURE .	Simple And a sinted and a sinted	and title if amplia	ANOTE I		d Accept signature	name sire of such	an rain	atelian	DATE			
Atter May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	· · · · · · · · · · · · · · · · · · ·		and titre it applica	able. (NOTE: I	negistered	Agent signature	required wi	nen rein	istating)	DATE			-
TITLE Delete TITLE	After	May 1, 2003 Fee will be \$550.00	f State										
TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME ST		-						ADD	DITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	S IN 11	\exists
STREET ADDRESS CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET	TITLE	PST			•				•				7 8
CITY-ST-ZIP LAKELAND FL CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS	NAME			*.		I							3
TITLE	CITY-ST-ZIP			* *		•							
STREET ADDRESS CITY-ST-ZIP Change Addition	TITLE		•	☐ Delete	TITLE						☐ Change	Addition	78
CITY-ST-ZIP						· I							1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS										•			
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Obelete Obelete TITLE Obelete TITLE Obelete Ob	TITLE	er was room in a same in a		Delete ***	-TITLE	=		- 4			☐ Change ~	Addition;	
CITY-ST-ZIP						. 1				'			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS													
NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS				. Delete	1						☐ Change	Addition	1
CITY-ST-ZIP	NAME										_ ,		
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP			37		, I							
STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS STREET ADDRESS	TITLE	-		☐ Delete	TITLE				' k		☐ Change	☐ Addition	1
CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS	NAME												-
NAME STREET ADDRESS STREET ADDRESS	CITY-ST-ZIP					I .							
NAME STREET ADDRESS STREET ADDRESS	TITLE			. Delete	TITLE					•	Change	Addition	1
	NAME				4								}
	CITY-ST-ZIP					I							

12. Thereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. C.C. Sumner, DOS.