2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 02, 2000 8:00 am Secretary of State **DOCUMENT # G88912** 1. Entity Name CARL LEO DAFFIN, D.D.S., P.A. 05-02-2000 90145 044 ***150.00 Principal Place of Business Mailing Address S CARL LEO DAFFIN % CARL LEO DAFFIN 1394 TIMBERLANE RD. 1394 TIMBERLANE RD. IALLAHASSEE FL 32312 TALLAHASSEE FL 32312-1766 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2388956 Not Applicable 7ip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAFFIN, CARL LEO Street Address (P.O. Box Number is Not Acceptable) 1394 TIMBERLANE RD. TALLAHASSEE FL 32312 City Zip Code 9. 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. Strand and the strand of the s Give 1995. Signature, typed or printed name of registered agent and title if applicable 1995. (NOTE, Registered Agent signature required when feinstating) 1995. The printed name of registered agent and title if applicable 1995. (NOTE, Registered Agent signature required when feinstating) 1995. THE CARLES AND A STATE OF THE S FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. CR2E034 (9/99) Addition ☐ Delete TITLE NAME DAFFIN, CARL LEO STREET ADDRESS · · ADDOEÇÇ 1394 TIMBERLANE RD. CITY-ST-ZIP ST-ZIP TALLAHASSEE FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS ATHROCCO CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS *unnege ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete STREET ADDRESS -CITY-ST-7IP ST-ZIF ☐ Delete TITLE NAME STREET ADDRESS ADDOCÇO CITY-ST-ZIP CT_7IP

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.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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ST ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SHERING OFFICER OR DIRECTOR

☐ Delete

4-25-00

(850) 893-5462

Change

Addition

Daytime Phone