

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H20468

FILED
Jul 11, 2003
Secretary of State

Entity Name: PETER A. PULLON, D.D.S., P.A.

Current Principal Place of Business:

11380 PROSPERITY FARMS ROAD #214A
PALM BEACH GARDENS, FL 334100450

New Principal Place of Business:

Current Mailing Address:

11380 PROSPERITY FARMS ROAD #214A
PALM BEACH GARDENS, FL 334100450

New Mailing Address:

FEI Number: 59-2453133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCMANUS, J.TERENCE
818 US HIGHWAY 1, SUITE 1
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVS () Delete
Name: PULLON, PETER A., D., D.S.
Address: 126 LAKESHORE DR #627
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TD () Delete
Name: PULLON, PETER A., D., D.S.
Address: 126 LAKESHORE DR #627
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVS (X) Change () Addition
Name: PULLON, PETER A., D., D.S.
Address: 1116 MARINE WAY W, C1L
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: TD (X) Change () Addition
Name: PULLON, PETER A., D., D.S.
Address: 1116 MARINE WAY W, C1L
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER A PULLON, DDS

PVS

07/11/2003

Electronic Signature of Signing Officer or Director

Date