

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 24, 2003 8:00 am**  
**Secretary of State**

04-24-2003 90185 023 \*\*\*150.00

**DOCUMENT # H63061**

1. Entity Name  
**DALE E. WOLFORD, D.O., P.A.**



Principal Place of Business  
% DALE E. WOLFORD, D.O.  
2828 CASA ALOMA WAY, SUITE 100  
WINTER PARK FL 32792

Mailing Address  
% DALE E. WOLFORD, D.O.  
2828 CASA ALOMA WAY, SUITE 100  
WINTER PARK FL 32792



2. Principal Place of Business  
**P. O. Box 454**  
Suite, Apt. #, etc.

3. Mailing Address  
**P. O. Box 454**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Chickasha, OK**

City & State  
**Chickasha, OK**

4. FEI Number **59-2553521**

Applied For  
☐ Not Applicable

Zip  
**73023-0454**

Country  
**USA**

Zip  
**73023-0454**

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

**WOLFORD, DALE E., D.O.**  
**2828 CASA ALOMA WAY, SUITE 100**  
**WINTER PARK FL 32792**

**7. Name and Address of New Registered Agent**

Name **JACQUELINE D. WOLFORD**  
Street Address (P.O. Box Number is Not Acceptable)  
**3500 TUSKAWILLA RD, SOUTH**  
City **OVIEDO** FL Zip Code **32765**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Jacqueline D. Wolford*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**4/17/03**  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **DP** ☐ Delete  
NAME **WOLFORD, DALE E., D.O.**  
STREET ADDRESS **2828 CASA ALOMA WAY #100**  
CITY-ST-ZIP **WINTER PARK 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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **M** ☐ Change ☒ Addition  
NAME **JACQUELINE D. WOLFORD**  
STREET ADDRESS **3500 TUSKAWILLA RD, SOUTH**  
CITY-ST-ZIP **OVIEDO, FL 32765**

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

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Dale E. Wolford* **4/08/03**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)