

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91840 031 ***163.75

0013373 AV

DOCUMENT # **H78279**

1. Entity Name
KENDALL E. CARLL D.D.S., P.A.



Principal Place of Business
**% KENDALL E. CARLL
425 N. PENINSULA DR., SUITE D
DAYTONA BEACH FL 32118**

Mailing Address
**% KENDALL E. CARLL
425 N. PENINSULA DR., SUITE D
DAYTONA BEACH FL 32118**



2. Principal Place of Business
1448 S. MARION AVE

3. Mailing Address
P.O. BOX 867

Suite, Apt. #, etc.
E-106

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
LAKE CITY, FLORIDA

City & State
JASPER, FLORIDA

4. FEI Number
59-2584915

Applied For
 Not Applicable

Zip
32025

Country
COLUMBIA

Zip
32052

Country
HAMILTON

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CARLL, KENDALL E.
425 N. PENINSULA DR.
SUITE D
DAYTONA BEACH FL 32018**

SAME
NEW

Name
CARLL, KENDALL E.
Street Address (P.O. Box Number is Not Acceptable)
**1448 S. MARION AVE
E-106**
City
LAKE CITY, FLORIDA FL Zip Code
32025

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 **Kendall E. Carll**

4/26/03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	CARLL, KENDALL E.	425 N. PENINSULA DR., #D	DAYTONA BEACH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		1448 S. MARION AVE, E-106	LAKE CITY, FL 32025	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: **Kendall E. Carll**

4/26/03

1-386-842-5543

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)