

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

0360735 AT

DOCUMENT # K25536

1. Entity Name
J W C EQUINE DENTISTRY, INC.

03-25-2002 90094 039 ***150.00

Principal Place of Business
19128 MISTY WOODS ROAD
ALTOONA FL 32702

Mailing Address
PO BOX 1293
ALTOONA FL 32702



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2920403

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CAUSEY, JOHN W., JR.
~~**2426 BAY LAKE LOOP**~~
~~**GROVELAND FL 34735**~~

19128 Misty Woods Rd
Altosona FL 32702

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
PD
 NAME
CAUSEY, JOHN W., JR.
 STREET ADDRESS
19128 MISTY WOODS ROAD
 CITY-ST-ZIP
ALTOONA FL 32702

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CAUSEY, CONNIE L
 STREET ADDRESS
19128 MISTY WOODS ROAD
 CITY-ST-ZIP
ALTOONA FL 32702

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 CITY-ST-ZIP

☐ Change ☐ Addition

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 STREET ADDRESS
~~**2426 BAY LAKE LOOP**~~
~~**GROVELAND FL**~~

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☐ Change ☐ Addition

13. 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.

SIGNATURE:

Connie L Causey **CONNIE L CAUSEY** 3-11-02 352 669 8218
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)