

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90054 027 ***150.00

DOCUMENT # K47527

1. Entity Name
CHARLES E. CAMPBELL D.D.S., P.A.

Principal Place of Business	Mailing Address
% CHARLES E. CAMPBELL BEVERLY PARKWAY FL 32505	% CHARLES E. CAMPBELL 111 BEVERLY PARKWAY PENSACOLA FL 32505-2815



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number **59-2915275** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CAMPBELL, CHARLES E.
111 BEVERLY PARKWAY
PENSACOLA FL 32505

7. Name and Address of New Registered Agent

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 _____ (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, 2000 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: <input type="checkbox"/> Delete NAME: CAMPBELL, CHARLES E. STREET ADDRESS: 111 BEVERLY PARKWAY CITY-ST-ZIP: PENSACOLA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Charles E. Campbell DDS* Date: 1-11-00 Daytime Phone #: (850) 432-2892

CR2E034 (9/99)