

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90041 029 ***150.00

DOCUMENT # K53443

1. Entity Name

FREDERICK H. WAGGENER, D.D.S., P.A.

Principal Place of Business

Mailing Address

C/O FREDERICK H. WAGGENER, D.D.S.
 200 SOUTH COURTENAY PARKWAY
 MERRITT ISLAND FL 32952

C/O FREDERICK H. WAGGENER, D.D.S.
 200 SOUTH COURTENAY PARKWAY
 MERRITT ISLAND FL 32952

2. Principal Place of Business

115 PARNELL ST.

3. Mailing Address

115 PARNELL ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MERRITT ISLAND, FL

City & State

MERRITT ISLAND, FL

4. FEI Number

59-2947445

Applied For

Not Applicable

Zip

32953-4715

Country

Zip

32953-4715

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

WAGGENER, FREDERICK H. D.D.S.

~~200 SOUTH COURTENAY PARKWAY~~
 MERRITT ISLAND FL 32952

32953

115 PARNELL ST.

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 *Yves...*

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

(NOTE: Registered Agent signature required when reinstating)

4-17-01

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, 2001 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 Delete
 NAME **D**
 STREET ADDRESS **WAGGENER, FREDERICK H.**
 CITY-ST-ZIP **115 PARWELL STREET**
MERRITT ISLAND FL

TITLE Change Addition
 NAME
 STREET ADDRESS *...*
 CITY-ST-ZIP

TITLE Delete
 NAME **TS**
 STREET ADDRESS **WAGGENER, TERESA Y**
 CITY-ST-ZIP **6321 QUARTER HORSE CIRCLE**
COCOA FL

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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: *Yves...*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-17-01
 Date

321-452-8190
 Daytime Phone #

CR2E034 (10/00)