

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90091 031 ***150.00

DOCUMENT # L37746

1. Entity Name

MAXWELL W. FLEMING, DDS, P.A.

Principal Place of Business

130 2ND ST
 P.O. BOX 70
 WESAHITCHKA FL 32465
 US

Mailing Address

130 2ND ST
 P.O. BOX 70
 WESAHITCHKA FL 32465-0070
 US

2. Principal Place of Business

130 2nd st

3. Mailing Address

P.O. Box 70

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Wewahitchka

City & State

FL

4. FEI Number

59-2983844

Applied For

Not Applicable

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

ISLER, CHARLES S. III
 434 MAGNOLIA AVENUE
 PANAMA CITY FL 32402

Name

MAXWELL W. FLEMING, D.M.D.

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

130 2nd Street P.O. Box 70

City

Wewahitchka, FL

FL

Zip Code

32465

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 MAX W. Fleming, D.D.S.

(NOTE: Registered Agent signature required when reinstating)

Maxwell W. Fleming, D.D.S. 2-14-00

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	D	<input type="checkbox"/> Delete
NAME	FLEMING, MAXWELL W.	
STREET ADDRESS	PO BOX 70	
CITY-ST-ZIP	WEWAHITCHKA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL W. FLEMING
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

MAX W. Fleming, D.D.S. D.M.D.

Date

2-14-00

Daytime Phone #

850-639-5422

CR2E034 (9/99)