

# 2001 UNIFORM BUSINESS REPORT (UBR)

09-12-2001 FILED 550.00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 01 SEP 20 AM 11:14

DOCUMENT # **L37746**

1. Entity Name

**MAXWELL W. FLEMING, DDS, P.A.**

Principal Place of Business

**130 2ND ST  
 WESAHITCHKA FL 32465  
 US**

Mailing Address

**P.O. BOX 70  
 WESAHITCHKA FL 32465  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FCI 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

**FLEMING, MAXWELL W DMD  
 130 -2ND ST.  
 P O BOX 70  
 WEWAHITCHKA FL 32465**

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 \$550.00  
 After September 12, 2001 Fee will be \$750.00  
 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

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN-11

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D  
 FLEMING, MAXWELL W.  
 PO BOX 70  
 WEWAHITCHKA FL**

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
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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:

*Signature of Maxwell W. Fleming, DDS, P.A.*

**9-11-01**

Date

Daytime Phone #

CR2034 (5/01)

**SP**