

2000 UNIFORM BUSINESS REPORT (UBR)


FILED
Mar 21, 2000 8:00 am
Secretary of State
 03-21-2000 90080 029 ***150.00

DOCUMENT # L61108
 1. Entity Name
TOD R. FAWCETT, D.D.S., P.A.

Principal Place of Business: **8931 CONFERENCE DRIVE SUITE 1 FORT MYERS FL 33919 US**
 Mailing Address: **8931 CONFERENCE DRIVE SUITE 1 FORT MYERS FT 33919-4893 US**

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

824012



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0185712** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
ANDREASEN, HENRY M., JR
6225 PRESIDENTIAL COURT
FORT MYERS FL 33919

7. Name and Address of New Registered Agent
 Name: **Kimberly FAWCETT**
 Street Address (P.O. Box Number is Not Acceptable): **8931 Conference Dr, Suite 1**
 City: **FORT MYERS** FL Zip Code: **33919**

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: *Kimberly R. Fawcett* DATE: **3-15-00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
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 NAME STREET ADDRESS CITY-ST-ZIP	PST FAWCETT, TOD R. 1083 BAL ISLE DRIVE FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE 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: *Tod R. Fawcett* **3/15/00** **941-433-4747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)