

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L69273

1. Entity Name

DONALD B. EDWARDS, D.D.S., P.A.

Principal Place of Business

777 37TH STREET  
STE B101  
VERO BEACH FL 32960

Mailing Address

777 37TH STREET  
~~SUITE 100A~~ Suite B101  
VERO BEACH FL 32960-4869

2. Principal Place of Business

777 37th St  
Suite, Apt. #, etc.  
Suite B101

3. Mailing Address

Same

City & State

Vero Beach, Florida

City & State

4. FEI Number

59-3019784

Applied For

Not Applicable

Zip

Country

32960

US

Zip

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

EDWARDS, DONALD B., D.D.S., P.A.  
777 37TH STREET  
SUITE ~~100A~~ B101  
VERO BEACH FL 32960

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 \$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	EDWARDS, DONALD B.	
STREET ADDRESS	777 37TH ST., SUITE <del>100A</del> B101	
CITY-ST-ZIP	VERO BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**Mar 29, 2000 8:00 am**  
**Secretary of State**

03-29-2000 90064 039 \*\*\*150.00

020112



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)