

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Oct 02, 2002 8:00 am
Secretary of State

10-02-2002 90121 036 ***150.00

DOCUMENT # P00000020184

1. Entity Name
YVETTE GODET, D.M.D., P.A.

Principal Place of Business

**150 N.W. 75TH DR., STE. B
 GAINESVILLE FL 32607**

Mailing Address

**150 N.W. 75TH DR., STE. B
 GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SAME AS ABOVE

Suite, Apt. #, etc.

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3625229**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**GODET, YVETTE D.M.D
 150 N.W. 75TH DR., STE. B
 GAINESVILLE FL 32607**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 13, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	GODET, YVETTE D.M.D.	
STREET ADDRESS	150 N.W. 75TH DR., STE. B	
CITY-ST-ZIP	GAINESVILLE FL 32607	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

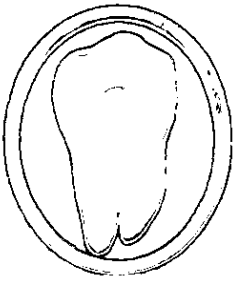
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: *Yvette Godet* **9-30-2002** **352 333-9898**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/02)

Attachment 678807
Doc # P00000020184



YVETTE GODET, D.M.D.

October 1, 2002

Dear Sir,

We are requesting a waiver of the late fee, as we never received a prior notice.

We regret that payment is being received late however, and hope this will not create additional problems for you.

Please accept our petition, and let us know if additional information is required.

Payment enclosed

Sincerely,

Yvette M. Godet, D.M.D.