

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000048002

FILED
Apr 30, 2003
Secretary of State

Entity Name: APRIL C. FLUTIE, M.ED., D.D.S., P.A.

Current Principal Place of Business:

449 E NEW YORK AVE
SUITE A
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

449 E NEW YORK AVE
SUITE A
DELAND, FL 32724

New Mailing Address:

FEI Number: 59-3554933 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

APRIL C. FLUTIE, M. ED, DDS
449 E NEW YORK AVE
DELAND, FL 32724

Name and Address of New Registered Agent:

DAVID, SCHICK L
301 EAST PINE STREET
ORLANDO, FL 32802

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: DAVID L. SCHICK 04/30/2003

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: FLUTIE, APRIL C MED DDS
Address: 449 E NEW YORK AVE
City-St-Zip: DELAND, FL 32724

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: APRIL C. FLUTIE DPST 04/30/2003

Electronic Signature of Signing Officer or Director Date