(5/01)

CR2E034

## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 18, 2001 8:00 am Secretary of State

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DOCUMENT # P00000071588 1. Entity Name 07-18-2001 90013 007 \*\*\*150.00 DENTAL ASSOCIATES AT WALDEN WOODS, INC. Principal Place of Business Mailing Address \*\*\*\*\*\*\*\* 512 E ALEXANDER ST 512 E ALEXANDER ST PLANT CITY FL 33566 PLANT CITY FL 33566 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3664561 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JACKSON, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 512 E ALEXANDER ST PLANT CITY FL 33566 City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. ecretury TITLE ☐ Delete TITLE ☐ Change H. RANDULPH VALDEZ NAME NAME LAKE ELLEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3618 CITY-ST-7IP TITLE ☐ Change ☐ Delete Addition TITLE President TACKSON NAME NAME SWILLEY STREET ADDRESS STREET ADDRESS OLANT CNY CITY-ST-7(P CITY-ST-ZIP 33567 DIRKCHOR TITLE . \_ Delete Change Addition JACKSON Betty NAME NAME 1310 SWILLEY RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT LNY FL DIRKUTOR TITLE ☐ Delete R.R. SHORT NAME NAME 2320 N. WALDEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLBNT DIRRCTOR ☐ Delete TITLE Addition VALDEZ NAME NAME LAKE RLLEN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Tamoa. DIRKLOTOK TITLE ☐ Delete ☐ Change TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

CINDY

828NT

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

Pres 7. 5-01 813-762-303

WALDEN

## Attachment # P000000 71588 CO0 73749

Florida Department of State

July 9, 2001

Re: Uniform Business Report

We incorporated in 2000 but did not commence business until 2001. We did not receive a notice to file a Uniform Business Report prior to May 1, 2001.

We are enclosing a check for \$150.00 and asking you to rescind the \$400.00 penalty. Since we are new in business we were not aware the report was due prior to May 1, 2001. Had we known we would have filed the report promptly.

Thank You,

President

Anthony Jackson

Dental Associates @ Walden Woods, Inc.