

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90098 037 ***150.00

DOCUMENT # P00000071588

1. Entity Name

DENTAL ASSOCIATES AT WALDEN WOODS, INC.



Principal Place of Business

**512 E ALEXANDER ST
PLANT CITY FL 33566**

Mailing Address

**512 E ALEXANDER ST
PLANT CITY FL 33566**

60003214



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

Zip

33563

Country

Zip

33563

Country

4. FEI Number

59-3664561

Applied For

Not Applicable

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

**JACKSON, ANTHONY
512 E ALEXANDER ST
PLANT CITY FL 33566**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

33563

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **S** ☐ Delete
NAME **VALDEZ, H R**
STREET ADDRESS **3006 LAKE ALLEN DR.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **P** ☐ Delete
NAME **JACKSON, ANTHONY**
STREET ADDRESS **1310 SWILLEY RD.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☒ Change ☐ Addition
NAME **Forest**
STREET ADDRESS **3003 Forest HAMMOCK**
CITY-ST-ZIP **PLANT CITY, FL 33566**

TITLE **D** ☐ Delete
NAME **JACKSON, BETTY**
STREET ADDRESS **1310 SWILLEY RD.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **3003 Forest HAMMOCK**
CITY-ST-ZIP **PLANT CITY FL 33566**

TITLE **D** ☐ Delete
NAME **SHORT, R R**
STREET ADDRESS **2320 N WALDEN PL.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **VALDEZ, CYNTHIA**
STREET ADDRESS **3006 LAKE ALLEN DR.**
CITY-ST-ZIP **TAMPA FL 33618**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **SHORT, LINDY**
STREET ADDRESS **2320 N WALDEN PL.**
CITY-ST-ZIP **PLANT CITY FL 33567**

TITLE ☒ Change ☐ Addition
NAME **SHORT, CINDY**
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Harvey R. Valdez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-6-03

Date

813-752-3030

Daytime Phone #

CR2E034 (10/02)