

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90029 029 ***150.00

DOCUMENT # P00000092686

1. Entity Name
CHARLES P. MARTIN, D.D.S., P.A.

Principal Place of Business 2000 5TH AVE N ST PETERSBURG FL 33713	Mailing Address 2000 5TH AVE N ST PETERSBURG FL 33713
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DUPLICATE



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2000 5th Ave N.	3. Mailing Address 2000-5th Ave N.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State St. Pete, FL	City & State St. Pete, FL	4. FEI Number 59-3671978	Applied For <input type="checkbox"/> Not Applicable
Zip 33713	Country USA	Zip 33713	Country USA

6. Name and Address of Current Registered Agent MARTIN, CHARLES P 2000 5TH AVE N ST PETERSBURG FL 33713		7. Name and Address of New Registered Agent Name: Charles P. Martin Street Address (P.O. Box Number is Not Acceptable): 2000-5th Ave N. City: St Pete FL Zip Code: 33713	
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTIN, CHARLES P 2000 5TH AVE N ST PETERSBURG FL 33713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Charles P. Martin DATE: 4/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (727) 894-3065

CR2E034 (10/00)