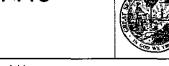
## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P00000097113

1. Entity Name RALPH E. TOOMBS, D.D.S., F.A.G.D., P.A.





Principal Place of Business 1019 W DIXIE AVE LEESBURG FL 34748			Mailing Address 1019 W DIXIE AVE LEESBURG FL 34748								
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State			City & State				<b>4.</b> F	4. FEI Number 59-3675497		pplied For ot Applicable	
Zip	Zip Country			Zip Cou			5. (	5. Certificate of Status Desired See Required Fee Requirements		Iditional	
	6. Name	and Address of Current I				7. 1	7. Name and Address of New Registered Agent				
TOOMBS, RALPH E							Name Street Address (P.O. Box Number is Not Acceptable)				
1019 W DIXIE AVE LEESBURG FL 34748											
								F	Zip Coo	de	
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 Flee da Department of				State				9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees	
10. OFFICERS AND			DIRECTORS 11.				AD	DITIONS/CHANGES TO OFFICERS	ND DIRECTOR	RS JN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOOMBS, 1713 PEAC ST CLOUD	HTREE BLVD	•	☐ Delete		T ADDRESS ST-ZIP			☐ Change	Addition \	
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1. Thereby 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 signafure 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:

Date

Daytime Phone #