

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90078 011 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P01000029169

1. Entity Name
STEPHANIE N. MAPP, D.M.D., P.A.

Principal Place of Business
732 WESTMINSTER DRIVE
ORANGE PARK FL 32073

Mailing Address
732 WESTMINSTER DRIVE
ORANGE PARK FL 32073

2. Principal Place of Business
1515 Business Center DR.
 Suite, Apt. #, etc.
Suite 1
 City & State
Orange Park FL
 Zip
32003 Country
USA

3. Mailing Address
1515 Business Center DR.
 Suite, Apt. #, etc.
Suite 1
 City & State
Orange Park FL
 Zip
32003 Country
USA

4. FEI Number
59-3736546

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MAPP, STEPHANIE N
732 WESTMINSTER DRIVE
ORANGE PARK FL 32073

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** 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 _____ 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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAPP, STEPHANIE N 732 WESTMINSTER DRIVE ORANGE PARK FL 32073 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **STEPHANIE N. MAPP** **4-19-02** **904-215-3323**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)