

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-22-2003 90141 019 ***150.00

5/22

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P93000003887**

1. Entity Name
James F. Bullion Jr. DDS PA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3060 E Semoran Blvd
Suite, Apt. #, etc.
112

3. Mailing Address
Suite, Apt. #, etc.
Same

City & State
Apopka FL

City & State
Same

Zip
32703

Country
USA

Zip
32703

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3190300

Applied For
☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
James F. Bullion Jr.

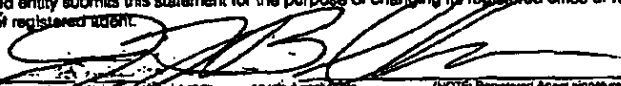
Street Address (P.O. Box Number is Not Acceptable)
3060 E Semoran Blvd 112

City
Apopka

FL

Zip Code
32703

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


DATE
6/5/03

(NOTE: Registered Agent signature required when reissuing)

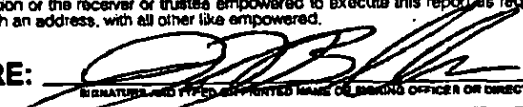
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
President	James F. Bullion Jr.	3060 E Semoran Blvd 112	Apopka FL 32703
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: 

DATE
5/19/03

Daytime Phone
407 682 1114

CR250348 (12/02)