2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P93000050125

1. Entity Name

JOSEPH R. BOULTER DMD PA



FILED Jan 08, 2003 8:00 am Secretary of State

01-08-2003 90086 018 ***150.00

					OO WE IF					
Principal Place of Business 8823 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217-4661		Mailing Address 8823 GOODBY'S EXECUTIVE DR JACKSONVILLE FL 32217-4661								
2. Principal P	lace of Business	3. Mailing Address					7 1 100 100 110 100 110 100 110 100 110			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				-	CHECK HERE IF MAKING CHANGES			
City & State		City & State				4.	FEI Number 56-1651730		oplied For ot Applicable	}
Zip	Country Zip			Country		5.	5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current	ent Registered Agent				7. Name and Address of New Registered Agent				
The second secon					Name	ame				
BOULTER, JOSEPH R							•			-
10172 BISHOP LAKE RD. WEST			Street Address ((P.O. E	P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32256										1
JACKSON	WILLE PL 32236			L						_
			City				FL Zip Code			1
8 The above	named entity submits this statement for	or the nurn	ase of changing its re-	nistered	d office or regist	ered an	ent, or both, in the State of Florida. I am fa	miliar with	and accent	4
	ions of registered agent.	и ине рагр	ose of changing its re	gisteret	onice or regist	ered ag	ent, or both, in the state of horida. Tanna	1111111121 44 1151,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if ann	dicable (NOTE: R	enistered	Agent signature requir	art when re	einstating) DATE			
<u> </u>	Signature, typed or printed have or registered agent	and the napp	NULLIUS. (NOTE. III	ogistereu i	rgan agnatora requi	OU WHOIT	T			-
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	D DIRECTORS 11.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			1_	
TITLE	P	[TITLE				☐ Change	☐ Addition	02
NAMÉ	BOULTER, JOSEPH R			NAME						100
STREET ADDRESS	10172 BISHOP LAKE RD. WEST				ADDRESS					8
CITY-ST-ZIP	JACKSONVILLE FL 32256			CITY-S	ST- ZIP					Ĭ
TITLE			☐ Delete	TITLE				Change	Addition	CR2E034 (10/02)
NAME				NAME						
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				CITY-S	ST-ZIP					
TITLE	•		☐ Delete	TITLE				Change	Addition	

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

☐ Delete

☐ Delete

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Change

☐ Addition

Addition

☐ Addition