2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Principal Place of Business

P94000032028

Mailing Address

1. Entity Name

SUZANNE SPENCE-WILLIAMS, D.D.S., P.A.

4195 NW FEDI JENSEN BEAC			4195 NW FEDERAL HWY JENSEN BEACH FL 34957									
2. Principal Place of Business			3. Mailing Address				*		A CONTROL THE POSIT BIRTH BRIDE CARDINATED IN			A ss i (8)) 1984
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES				
City & State			City & State				4	4. FEI Number 65-0491170				plied For t Applicable
Zip	Zip Country		Zip	Zip Co		ntry -	5.	5. Certificate of Status Desired		\$8.75 Fee Rec	Addi	itional
	6. Name r	and Address of Current	Register	Registered Agent				. Na	ame and Address of New Registe	red Agent		
		·		Name								
SPENCE-WILLIAMS, SUZANNE 4195 NW FEDERAL HIGHWAY						Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	BEACH FL 34											
,w						City				FL Zip	Code	;
8. The above the obligation	named entity	submits this statement for	r the purp	pose of changing its	register	ed office or r	registered a	ager	nt, or both, in the State of Florida. I	l am familiar v	with, a	and accept
•	ons or regions.	red agent.				•						
SIGNATURE _	Signature, typed o	or printed name of registered agent a	and title if ap	oficable (NOT)	F- Begistere	ed Agent signature	re required wher	n reins	etatina) D	IATE		
				1		U/igon orginalis	10 1040000 371.2.	3116	salwig)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00									9. Election Campaign Financing	• – •		0 Мау Ве
Make Check Payable to Florida Department of			i State	State					Trust Fund Contribution.			to Fees
10.		OFFICERS AND I		 DRS	11.		F	L ADD	ITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS	IN 11
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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.

SIGNATURE:

CITY-ST-ZIP

signaj val reduired

3-6-03

Apr 07, 2003 8:00 am Secretary of State

04-07-2003 90193 032 ***150.00

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