

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91442 021 ***150.00

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DOCUMENT # P94000036063

1. Entity Name
ACUNA & CAHUE, D.M.D., P.A.



Principal Place of Business
**1100 N. KENTUCKY AVENUE
WINTER PARK FL 32789
US**

Mailing Address
**1100 N. KENTUCKY AVENUE
WINTER PARK FL 32789
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3241744**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION INFORMATION SERVICES INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

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. 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 Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D ACUNA, EDGAR S**
STREET ADDRESS **716 VASSAR ST.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
NAME **1100 N. KENTUCKY AVE**
STREET ADDRESS **WINTER PARK FL 32789**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D CAHUE, MONICA**
STREET ADDRESS **716 VASSAR ST.**
CITY-ST-ZIP **ORLANDO FL 32804**

TITLE ☒ Change ☐ Addition
NAME **1100 N KENTUCKY AVE**
STREET ADDRESS **WINTER PARK FL 32789**
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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.

SIGNATURE:

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

EDGARS. ACUNA

4.23.03

407.647.6261

Date

Daytime Phone #

CR2E034 (10/02)