

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000239

1. Entity Name  
PAMELA J. SKAFF, DDS, P.A.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90437 031 \*\*\*150.00

Principal Place of Business  
200 SOLANA RD.  
PONTE VEDRA BEACH FL 32082

Mailing Address  
200 SOLANA RD.  
PONTE VEDRA BEACH FL 32082



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
200 Solana Rd  
Suite, Apt. #, etc.  
Ste C

3. Mailing Address  
200 Solana Rd  
Suite, Apt. #, etc.  
Ste C

City & State  
Ponte Vedra Beach, FL  
Zip  
32082  
Country  
USA

City & State  
Ponte Vedra Beach, FL  
Zip  
32082  
Country  
USA

4. FEI Number 59-3288661

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

WORRELL, DAN L  
200 SOLANO ROAD  
PONTE VEDRA BEACH FL 32082

Name  
Worrell, Dan L  
Street Address (P.O. Box Number is Not Acceptable)  
200 Solana Rd.  
Ste C  
City  
Ponte Vedra Beach FL Zip Code  
32082

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 Dan L Worrell Signature of Registered Agent (NOTE: Registered Agent signature required when reinstating) DATE 4/26/01

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, 2001 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 PV  
NAME SKAFF, PAMELA J DDS  
STREET ADDRESS 200 SOLANA ROAD  
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE ST  
NAME WORRELL, DANNY L  
STREET ADDRESS 200 SOLANA ROAD  
CITY-ST-ZIP PONTE VEDRA BEACH FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01 (904) 280-0771 Date Daytime Phone #

CR2E034 (10/00)