

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 27, 2001 8:00 am
Secretary of State

07-27-2001 90003 021 ***150.00

DOCUMENT # P95000004242

1. Entity Name

PATRICIA A. SHIPMAN, D.M.D., AND DEBRA W. LOW, D

Principal Place of Business

**4436 NW 23RD AVE.
SUITE B
GAINESVILLE FL 32606**

Mailing Address

**4436 NW 23RD AVE.
SUITE B
GAINESVILLE FL 32606**

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

59-3288357

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**WALDO, MYRTICE R
2727 NW 43RD ST.
SUITE F1
GAINESVILLE FL 32606**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

32606

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

Patricia A. Shipman DMD

Patricia A. Shipman DMD

7/25/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**P
LOW, DEBRA W
2727 NW 39TH DRIVE
GAINESVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**ST
SHIPMAN, PATRICIA A
8416 NW 1ST AVE
GAINESVILLE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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:

Patricia A. Shipman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7/25/01
Daytime Phone #

CR2E034 (5/01)

Attachment

A0079758

**PATRICIA A. SHIPMAN, D.M.D. &
DEBRA W. LOW, D.M.D., P.A.**

373-4924

**4436 N.W. 23RD AVE. SUITE B
GAINESVILLE, FL 32606**

H09500000924

Florida Dept of State
Division of Corp.
P.O. Box 6327
Tallahassee, FL 32314

RE: 2001 Uniform Business Report(UBR)

Dear Sir:

We are sending this letter along with our payment for \$150.00. I realize this is a second payment notice but we never received a first notice. This is the only paperwork we have received. We are positive of this because we have changed our current registered agent since our previous agent has retired.

If you will check your records, you can see that our forms were always returned in a timely manner. This year would have been no exception had we received the forms.

We look forward to having this matter resolved.

Sincerely,



Debra W. Low, DMD

dwl:vlb