

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000053355

1. Entity Name

R.W. PURYEAR DMD INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90144 029 ***150.00

Principal Place of Business

Mailing Address

8313 W. HILLSBOROUGH AVE
#220
TAMPA FL 33615
US

8426 BOXWOOD DRIVE
TAMPA FL 33615-4939



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8313 W. Hillsborough Ave

Suite, Apt. #, etc.

City & State
Tampa FL

City & State

4. FEI Number 59-3322686

Applied For
Not Applicable

Zip 33615

Country US

Zip

Country

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

PURYEAR, RANDY W
8426 BOXWOOD DRIVE
TAMPA FL 33615-4939

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.

SIGNATURE

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 \$150.00
After MAY 1, 2000 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 | PD | <input type="checkbox"/> Delete |
| NAME | PURYEAR, RANDY W | |
| STREET ADDRESS | 8426 BOXWOOD DRIVE | |
| CITY-ST-ZIP | TAMPA FL 33615-4939 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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: *R.W. Puryear DMD Inc.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/00 (813) 885-3355
Date Daytime Phone #

CR2E034 (9/99)