

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2002 8:00 am
Secretary of State

0081323
 AV

DOCUMENT # P95000068900

1. Entity Name

SUNSHINE DENTAL OF ORANGE CITY, P.A.

03-31-2002 90340 002 ***150.00

Principal Place of Business

Mailing Address

**870-40 SAXON BLVD
 ORANGE CITY FL 32763
 US**

**870-40 SAXON BLVD
 ORANGE CITY FL 32763
 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 **59-3335236**

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

**METCALFE, JEFFREY C
 870-42 SAXON BLVD
 ORANGE CITY FL 32763**

Name **METCALFE, JEFFREY C.**

Street Address (P.O. Box Number is Not Acceptable)
870 - 40 SAXON BLVD

ORANGE CITY

City **FL** Zip Code **32763**

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 *Jeffrey Metcalfe* **JEFFREY METCALFE** *president* **3/10/02**
 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, 2002 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 **P** ☐ Delete
 NAME **METCALFE, JEFFREY**
 STREET ADDRESS **1505 SO. MAGNOLIA AVENUE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **METCALFE, JEFFREY**
 STREET ADDRESS **1502 COVERED BRIDGE ROAD**
 CITY-ST-ZIP **DELAND, FL - 32724**

TITLE **D** ☐ Delete
 NAME **METCALFE, JEFFREY**
 STREET ADDRESS **1505 S MAGNOLIA AVE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **D** ☒ Change ☐ Addition
 NAME **METCALFE, JEFFREY**
 STREET ADDRESS **1502 COVERED BRIDGE Rd**
 CITY-ST-ZIP **DELAND, FL - 32724**

TITLE **S** ☐ Delete
 NAME **PELLICCIA, CINDY**
 STREET ADDRESS **870-40 SAXON BLVD**
 CITY-ST-ZIP **ORANGE CITY FL 32763**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 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: *Jeffrey Metcalfe* **JEFFREY METCALFE** *pres.* **3/10/02** **386-75-9366**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)