

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000001219**

1. Entity Name

DENTAL SERVICES OF MURDOCK, INC.**FILED****Apr 26, 2001 8:00 am**
Secretary of State

04-26-2001 90025 027 ***150.00

Principal Place of Business

**19470 PEACHLAND BLVD.
PORT CHARLOTTE FL 33948**

Mailing Address

**19470 PEACHLAND BLVD.
PORT CHARLOTTE FL 33948**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **65-0628912**

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**POWELL, SHIRLEY
19470 PEACHLAND BLVD.
PORT CHARLOTTE FL 33948**

7. Name and Address of New Registered Agent

Name

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

City

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's 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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

| | |
|----------------------------------------------------|------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PMD POWELL, SHIRLEY 4820 ALAMETOS TERRACE NORTH PORT FL 34286 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | STD ROQUELOT, ROBERT A 4815 ALAMETOS TERRACE N. PORT FL 34286 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VPD FICKEY, LISA J. 10107 N. HIGHLAND AVE TAMPA FL 33612 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|----------------------------------------------------|-------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: Shirley M. Powell - Shirley M. Powell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01

Date

941-255-5448

Daytime Phone #

CR2E034 (10/00)