## 2001 UNIFORM BUSINESS RÉPORT (UBR)

## DOCUMENT # **P96000024478**

1. Entity Name

CLAUDE D. STRICKLAND, D.D.S., P.A.

rincipal Piace	e of Business	Mailing Address									
28 n davis highway Ensacola fl 32503		5528 N DAVIS HIGHWAY PENSACOLA FL 32503				- ~ v v v 4 %					
							NEHR END ERRE		4 <b>0</b> 01 <b>0</b> 001 1000	EL 1 <b>8</b> 11 1 <b>11</b> 1	
. Principal Pl	ace of Business	3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State		4.	FEI Number	59-3368834	4		plied For		
Zip Country		Zip	Coun	try	5.	Certificate of	Status Desired		<b>8.75</b> Addi		
	6. Name and Address of Current	Registered Agent			7.	Name and A	ddress of New F		ee Required	i 	
		<u> </u>		Name							
5528	CKLAND, CLAUDE D N DAVIS HIGHWAY			Street Ac	Street Address (P.O. Box Number is Not Acceptable)						
PENS	SACOLA FL 32503										
				City				Cast Large	Zip Code	)	
. The above	named entity submits this statement for	or the purpose of changing it	ts register	i od office or	registered a	agent, or both.	in the State of FI				
	•		3			9					
SIGNATURE _	Signature, typed or printed name of registered agen-	and the if exetends	M. Danista.	4.6				10.5.511			
					e required when	renstaung)		DATE			
	pration is eligible to satisfy its Intangible requirement and elects to do so.		FILE NOW ![! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00				ion Campaign Fi			<b>0</b> Мау Ве	
(See criteria on back)		Make Check Payable to Department of				Irust	Fund Contribution	on, $\square$	Added	to Fees	
11.	OFFICERS AND DIRECTORS				Α	NDDITIONS/C	HANGES TO OF	FICERS AND [	DIRECTORS	S IN 11	
TITLE ! NAME	P Delete STRICKLAND, CLAUDE D		I.L.		PD			,	Change	Acdition	
STREET ADDRESS	5528 N DAVIS HIGHWAY		NAM STR	ET ADURESS							
CITY-ST-ZIP	PENSACOLA FL		City	-ST-7IP							
TITLE		☐ Delete	TITE	E					Change	Addition	
NAME STREET ADDRESS			NAM etoi								
CITY-ST-ZIP				STREET ADDRESS CHY-SI-ZIP							
TITLE	☐ Delete		THE	Tritle					☐ Change	Addition	
NAME			NAN								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS '-ST-ZIP							
TITLE		Delete	TITS						☐ Change	Adaitien	
NAME		E Boloto	NAN						or unge	Lua I I I I I I I I I I I I I I I I I I I	
STREET ACCRESS			STR	EET ADORESS							
CITY-ST-ZIP			CITY	(-ST-ZIP							
TITLE NAME		☐ Delete	TUE						☐ Change	Addition	
STREET ADDRESS			NAM STR	EET ADDRESS							
CITY - ST - ZIP				(-ST-71P							
TITLE		☐ Delete	TITL	.F.					☐ Change	☐ Addition	
NAME			NAM.								
STREET ADDRESS CITY-ST-ZIP				EET ADDRESS Y-ST-ZIP.							
	contifue that the information accombined and	th this filling does not accept			ad in Cook	n 440 07/0\(\text{\tint{\text{\tin}\text{\tex{\tex	Florida Otati	I foresto - 1 - 1	6. 4km (40)	oforms 0	
indicated of the co	certify that the information supplied wid on this report or supplemental report rporation or the receiver or trustee em I, or on an attachment with an address	is true and accurate and tha powered to execute this repo	at my signa ort as requ	ature shall h	ave the sam	ne legal effect	as if made unde	r oath: that I a:	m an officer	r or director	

Claude D. Strickland &

FILED
Mar 01, 2001 8:00 am
Secretary of State
03-01-2001 90036 029 \*\*\*150.00