

2005 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2005 8:00 am
Secretary of State

03-03-2005 90169 033 ***150.00

DOCUMENT # P96000038328

1. Entity Name

JEFFRY D. BARNES, D.M.D., P.A.



DO NOT WRITE IN THIS SPACE

40024968

2. Principal Place of Business

320 AVE K., S.E.

Suite, Apt. #, etc.

SUITE 1

City & State

WINTER HAVEN, FL

Zip
33880

Country
POLK

3. Mailing Address

320 AVE K., S.E.

Suite, Apt. #, etc.

SUITE 1

City & State

WINTER HAVEN, FL

Zip
33880

Country
POLK

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4. FEI Number

59-3392030

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BARNES, JEFFRY D D.M.D.

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

2930 EAST LAKE HARTRIDGE DRIVE

City

WINTER HAVEN

FL

Zip Code

33880

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D
BARNES, JEFFRY D D.M.D.
STREET ADDRESS
2930 EAST LAKE HARTRIDGE DRIVE
CITY - ST - ZIP
WINTER HAVEN, FL 33880

TITLE
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12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jeffry D Barnes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/28/05

Date

(863) 293-5099

Daytime Phone #

CR2E034B (12/02)