

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075356

1. Entity Name

TRAWICK ORTHODONTIC CENTER, P.A.

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90094 006 ***150.00

Principal Place of Business
**1100 AIRPORT BLVD
BLDG A
PENSACOLA FL 32504**

Mailing Address
**1100 AIRPORT BLVD
BLDG A
PENSACOLA FL 32504**

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 **59-3398684**

Applied For
No: 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

**TRAWICK, STEPHEN C DDS
1100 AIRPORT BLVD
BLDG A
PENSACOLA FL 32504**

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 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 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 :

TITLE **D** ☐ Delete
NAME **TRAWICK, STEPHEN C DDS**
STREET ADDRESS **1100 AIRPORT BLVD, BLDG A**
CITY-STATE-ZIP **PENSACOLA FL 32504**

TITLE **S** ☐ Change ☒ Addition
NAME **Michelle Davis**
STREET ADDRESS **1100 Airport Blvd. Bldg A**
CITY-STATE-ZIP **Pensacola, FL 32504**

TITLE **S** ☐ Delete
NAME **FLEMING, SUSAN D**
STREET ADDRESS **1100 AIRPORT BLVD., BLDG. A**
CITY-STATE-ZIP **PENSACOLA FL 32504**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Days & Phone #

4-06-01 (850) 477-7715

CR2E034 (10/00)