2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000103944** Apr 19, 2000 8:00 am Secretary of State FRANK M. GUPTON, D.D.S., P.A. 04-19-2000 90101 039 ***150.00 Mailing Address Principal Place of Business 55 PHILLIPS AVE 55 PHILLIPS AVE PONTE VEDRA BEACH FL 32082-2816 PONTE VEDRA BEACH FL 32082 2. Principal Place of Business 3. Mailing Address 330 A1A 33*0* Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 5417E 326 Applied For City & State City & State 4. FEI Number 59-3427051 PONTE VEDRA BEACH PONTE VEDRA BEACH, FO Not Applicable Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired 32082 45 12082 Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, BRUCE R Street Address (P.O. Box Number is Not Acceptable) 3500 S THIRD STREET JACKSONVILLE BEACH FL 32250 Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition Delete TITLE TITLE **GUPTON, FRANK M** NAME NAME STREET ADDRESS STREET ADDRESS 55 PHILLIPS AVE PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

Daytime Phone #