

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90048 021 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # P96000104299			
1. Entity Name EDSON G. BUSTAMANTE, D.M.D., P.A.			
Principal Place of Business 7620 GUNN HWY #180 TAMPA FL 33625		Mailing Address 7620 GUNN HWY #180 TAMPA FL 33625	
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 59-3416339		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BUSTAMANTE, EDSON G 10422 SPRINGROSE DR TAMPA FL 33626		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, EDSON G	NAME	
STREET ADDRESS	10442 SPRINGROSE DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSTAMANTE, DONNA N	NAME	
STREET ADDRESS	10442 SPRINGROSE DR.	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <i>Edson G. Bustamante</i>		01-08-01 813-926-2262	
EDSON G. BUSTAMANTE		Date Daytime Phone #	

CR2E034 (10/00)