

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 28, 2002 8:00 am
Secretary of State

07-28-2002 90173 046 ***150.00

DOCUMENT # P97000020969

1. Entity Name

JEFFREY W. BOWDEN, D.D.S., P.A.

Principal Place of Business

5218 JAMMES ROAD
 #3
 JACKSONVILLE FL 32210

Mailing Address

5218 JAMMES ROAD
 #3
 JACKSONVILLE FL 32210

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 **59-3434894**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

BOWDEN, JEFFREY W
5218 JAMMES ROAD
#3
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

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. 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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

TITLE **PO** ☐ Delete
 NAME **BOWDEN, JEFFREY W**
 STREET ADDRESS **181 SEA ISLAND DRIVE**
 CITY-ST-ZIP **PONTE VEDRA BEACH FL 32082**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-02

904-777-5878

Date

Daytime Phone #

CR2E034 (4/02)

Attachment
Doc#

P971000020969/675355

JEFFREY W. BOWDEN, D.D.S., P.A.
MICHAEL R. SMITH, D.M.D., P.A.
THOMAS P. O'CONNELL, D.D.S., P.A.
Practice Limited to Endodontics

July 3, 2002

Re: application

DIVISION OF CORPORATIONS;

I DID NOT RECEIVE THE FIRST FORM OR APPLICATION AND HAVE ALWAYS BEEN TIMELY ON MY FILING DATES. AFTER CALLING, I WAS TOLD TO SEND IN \$150.00 AND THIS LETTER.

THANKS, *WB*

DR. JEFFREY W. BOWDEN, D.D.S., P.A.

5218 Jammes Road, Suite C
Jacksonville, Florida 32210
(904) 777-5878

233 North 3rd Street • Suite 204
Jacksonville Beach, Florida 32250
(904) 241-0030