

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90004 009 ***550.00

DOCUMENT # P97000028519

1. Entity Name
MARK A. BARBER, D.D.S., P.A.

Principal Place of Business
**3217 PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34953**

Mailing Address
**3217 PORT ST. LUCIE BLVD.
 PORT ST. LUCIE FL 34953**

00004044



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
1161 Port St Lucie Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Port St Lucie FL

4. FEI Number **35-0758612**

Applied For
 Not Applicable

Zip Country

Zip *34952* Country *US*

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LIPSON, SAUL
 1515 UNIVERSITY
 SUITE 222
 CORAL SPRINGS FL 33071**

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2000 Min. 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BARBER, MARK A 3217 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST BARBER, JUDY A 3217 PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34953 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 (Marked)*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/06/00 *561 336-2300*
Date Daytime Phone #

CR2E034 (5/00)