

**2001 UNIFORM BUSINESS REPORT (UBR)**

4/31

**FILED**  
**May 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90139 017 \*\*\*150.00

**DOCUMENT # P97000101147**

1. Entity Name  
**THREE'S COMPANY, D.M.D., INC.**

Principal Place of Business      Mailing Address  
**3203 W. MEDINAH CIR.**      **3203 W. MEDINAH CIRCLE**  
**LAKE WORTH FL 33467**      **LAKE WORTH FL 33467**

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 **65-0809443**      Applied For

Not 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**

**NICHOLS, L. WESLEY ESQ.**  
**11380 PROSPERITY FARMS RD., SUITE 204**  
**PALM BEACH GARDENS FL 33410**

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 renewing)

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 11**

TITLE	<b>PVDS</b>	<input type="checkbox"/> Delete
NAME	<b>MCCALLUM, DOLORES</b>	
STREET ADDRESS	<b>3203 W. MEDINAH CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>MCCALLUM, DOLORES</b>	
STREET ADDRESS	<b>3203 W. MEDINAH CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>MCCALLUM, DANIEL T</b>	
STREET ADDRESS	<b>3203 W. MEDINAH CIRCLE</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Director</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CHRISTINA ASVADI</b>	
STREET ADDRESS	<b>7510 ST ANDREWS Rd</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	<b>director</b>
TITLE	<b>DAVID ASVADI</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>7510 ST ANDREWS Rd</b>	
STREET ADDRESS	<b>LAKE WORTH FL 33467</b>	<b>director</b>
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 duties like empowered.

SIGNATURE: *Dolores McCallum*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-23-01**      Daytime Phone #: **561-439-0287**

CR2E034 (10/00)