

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052859

1. Entity Name  
C & S DENTAL ARTS, INC.

Principal Place of Business  
5569-8 BOWDEN RD  
JACKSONVILLE FL 32216

Mailing Address  
5569-8 BOWDEN RD  
JACKSONVILLE FL 32216

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 **59-3516580**

Applied For  
Not Applicable

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

## 6. Name and Address of Current Registered Agent

**BOSICO, CHRISTOPHER D**  
5569-8 BOWDEN RD  
JACKSONVILLE FL 32216

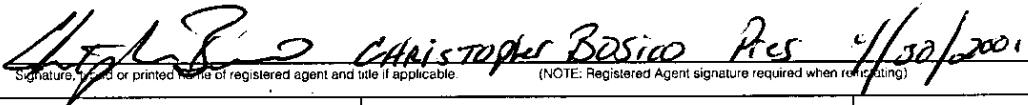
Name

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  Pres. 4/30/2001  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) 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 \$150.00**

After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State

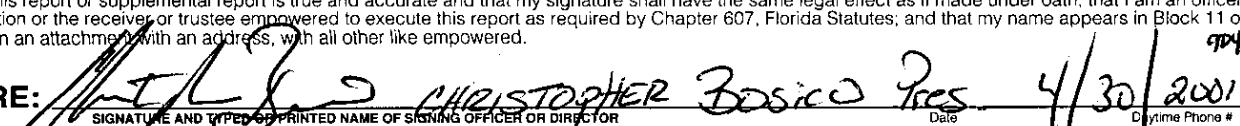
10. Election Campaign Financing  
Trust Fund Contribution:  \$5.00 May Be Added to Fees

## 11. OFFICERS AND DIRECTORS

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>BOSICO, CHRISTOPHER D</b> <b>3329 RANDELL ST</b> <b>JACKSONVILLE FL 32220</b>	<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	<b>T</b> <b>SMITH, STEVEN F</b> <b>4779 MYRTLEWOOD RD</b> <b>JACKSONVILLE FL 32210</b>	<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		<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		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

704 448-0005