

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90106 018 ***150.00

DOCUMENT # P98000062801

1. Entity Name

TIMOTHY C. MERCER, D.M.D., P.A.

Principal Place of Business

Mailing Address

6179 BONAVENTURE CT.
 SARASOTA FL 34243

6179 BONAVENTURE CT.
 SARASOTA FL 34243-4807

2. Principal Place of Business

3. Mailing Address

8522 30TH ST E

8522 30TH ST E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PARRISH FL

PARRISH, FL

Zip

Country

Zip

Country

34219

USA

34219

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0855487

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

MERCER, TIMOTHY C D.M.D.
6179 BONAVENTURE CT.
SARASOTA FL 34243

Name

MERCER, TIMOTHY C D.M.D.

Street Address (P.O. Box Number is Not Acceptable)

8522 30TH ST E

City

PARRISH

FL

Zip Code

34219

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

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.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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 Delete
 NAME **D MERCER, TIMOTHY C**
 STREET ADDRESS **6179 BONAVENTURE CT.**
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE Change Addition
 NAME **D MERCER, TIMOTHY C**
 STREET ADDRESS **8522 30TH ST E**
 CITY-ST-ZIP **PARRISH FL 34219**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
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 CITY-ST-ZIP

TITLE Change 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 other like empowered

SIGNATURE:

Timothy C Mercer DMD
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIMOTHY C MERCER DMD

Date

2-28-00

Daytime Phone #

941 351 8338

CR2E034 (9/99)