

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000037841

1. Entity Name

TIFFANY D. BOYD DMD, P.A.

**FILED**  
**Apr 12, 2000 8:00 am**  
**Secretary of State**

04-12-2000 90009 041 \*\*\*150.00

Principal Place of Business

Mailing Address

22482 PEACHLAND BLVD.  
PORT CHARLOTTE FL 33954

22482 PEACHLAND BLVD.  
PORT CHARLOTTE FL 34202-9726

2. Principal Place of Business

3. Mailing Address

6018 Glen Abbey Lane  
Suite, Apt. #, etc.

6018 Glen Abbey Lane  
Suite, Apt. #, etc.

City & State  
Bradenton, Florida

City & State  
Bradenton, Florida

4. FEI Number  
65-0915612

Applied For  
Not Applicable

Zip  
34202

Country

Zip  
34202

Country

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

SANDERS, WALTER  
13910 N DALE MABRY HWY  
STE ONE  
TAMPA FL 33618

Name Walter Sanders  
Street Address (P.O. Box Number is Not Acceptable)  
3355 BEARDS AVENUE  
City Tampa FL 33618

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 Walter Sanders Walter Sanders  
Signature, typed or printed name of registered agent and title if applicable.

2/23/2000  
DATE

(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 \$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 D ☐ Delete  
NAME BOYD, TIFFANY D  
STREET ADDRESS 22482 PEACHLAND BLVD.  
CITY-ST-ZIP PORT CHARLOTTE FL 33954

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

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

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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: TIFFANY D. BOYD DMD, P.A.  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-7-00  
Date

(941) 758-6084  
Daytime Phone #

CR2E034 19/99