

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000038020

1. Entity Name

TRAVELING TOOTH DOCTORS, P.A.

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90044 024 ***150.00

Principal Place of Business

427 S. SEMORAN BOULEVARD
ORLANDO FL 32807

Mailing Address

427 S. SEMORAN BOULEVARD
ORLANDO FL 32807-4361

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

59-3573116

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

CHARLES, MICHELLE J D.D.S.
427 S. SEMORAN BOULEVARD
ORLANDO FL 32807

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

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.
(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 NAME STREET ADDRESS CITY-ST-ZIP	D CHARLES, MICHELLE J D.D.S. 427 S. SEMORAN BOULEVARD ORLANDO FL 32807	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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; that I am not a resident of the State of Florida; that I am not a resident of the State of Florida; and that my name appears in Block 11 or Block 12 if changed, or on an attachment to this report.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/00

(407) 277-7500

Date

Daytime Phone #

CR2E034 (9/99)