

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

07-21-2003 901824009 150.00
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FP

DOCUMENT # P99000057503

1. Entity Name
JESSICA L. WEAVER, D.M.D., P.A.



03 AUG -4 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
995 S.R. 434 N. STE. 502
ALTAMONTE SPRINGS FL 32714

Mailing Address
995 S.R. 434 N. STE. 502
ALTAMONTE SPRINGS FL 32714



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3583086

Applied For

Not Applicable

Zip

Country

Zip

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

BAIRD, J. BRIAN ESQ.
5401 S KIRKMAN RD
SUITE 310
ORLANDO FL 32819

Name Jessica L. Weaver
Street Address (P.O. Box Number is Not Acceptable)
1842 Maryville Drive
Delton, FL
City FL Zip Code 32725

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2006 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME WEAVER, JESSICA
STREET ADDRESS 995 SR 434 N STE 502
CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Delete

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
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CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-17-03

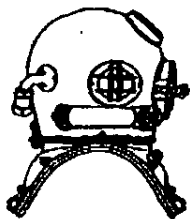
407-862-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

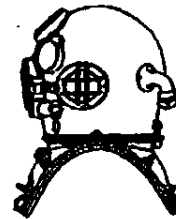
Date

Daytime Phone #

CR2E034 (4/03)



ANDERSON DIVING, INC.
INDUSTRIAL MARINE CONTRACTING
P.O. BOX 350340
JACKSONVILLE, FLORIDA 32235-0340
OFFICE (904) 998-9865 • FAX (904) 998-9867



Fax Cover Sheet

To: The Department of State
Uniform Business Report office
Fax #: 850-245-6017

From: Sarah Anderson/ Anderson Diving
Fax # 904-998-9867

Message:

To Whom It May Concern:

I am sending this faxed request, as I was told to by a representative over the phone to request a mailing address change for our business. The company name is Anderson Diving Inc. EIN # 59-3255808. Please change the mailing address to 11379 Motor Yacht Dr. N. Jacksonville, FL 32225. The old mailing address was 12376 Pleasant Park Dr. N. Jacksonville, FL 32225. If you have any questions please call 904-998-9865. Thank you for your time and help.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Sarah Anderson'. The signature is fluid and cursive, written over a horizontal line.

Sarah Anderson
Managing Director

August 4, 2003