

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90163 011 ***150.00

0117538 AV

DOCUMENT # P99000068032

1. Entity Name
JAMES C. ETILING, DDS, P.A.



Principal Place of Business
**3228 SW MARTIN DOWNS BLVD. SUITE 2
PALM CITY FL 34990**

Mailing Address
**3228 SW MARTIN DOWNS BLVD
#2
PALM CITY FL 34990**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0937800**

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

**ETILING, JAMES C DDS
3228 SW MARTIN DOWNS BLVD. SUITE 2
PALM CITY FL 34990**

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. 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, 2003 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 **P** ☐ Delete
NAME **ETILING, JAMES C**
STREET ADDRESS **3228 SW MARTIN DOWNS BLVD #2**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE **VP** ☐ Delete
NAME **ETILING, LORA J**
STREET ADDRESS **3228 SW MARTIN DOWNS BLVD #2**
CITY-ST-ZIP **PALM CITY FL 34990**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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: **JAMES C. ETILING**

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

7/7/03
Date

(772) 219-4212
Daytime Phone #

CR2E034 (4/03)

Attachment

James C. Etling, DDS, P.A.

SPECIALIST IN ORTHODONTICS
CHILDREN • TEENAGERS • ADULTS

90141980
#P99000068032

July 7, 2003

Division of Corporations
Uniform Business Report Filings
PO Box 1500
Tallahassee, FL 32302-1500

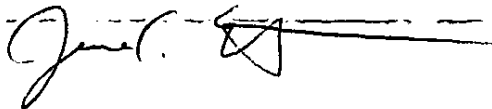
RE: Late fee for 2003 UBR – FEI #65-0937800

Dear Sir or Madam:

Please waive the late fee, as I did not receive the prior notice. I have enclosed the original \$150.00 filing fee.

Thank you for your time and consideration.

Sincerely,



James C. Etling DDS
President

Member
American Association of
Orthodontists



3228 SW Martin Downs Blvd.
Suite #2
Palm City, FL 34990

(561) 219-4212