

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000070957

1. Entity Name

R. B. TRIMBLE, D.M.D., P.A.

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90026 044 ***150.00

Principal Place of Business

Mailing Address

30575 US HWY 19 NORTH
 PALM BEACH FL 34684

30617 US HWY 19 NORTH
 PALM HARBOR FL 34684-4410

00033137



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

30575 US Hwy 19
 Suite, Apt. #, etc.

3. Mailing Address

30575 US Hwy 19
 Suite, Apt. #, etc.

City & State
 Palm Harbor FL

Zip
 34684 Country

City & State
 Palm Harbor FL

Zip
 34684 Country

4. FEI Number
 59-3604853

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIBBS, B. GRAY ESQ
 100 SECOND AVE SOUTH
 STE 704
 ST PETERSBURG FL 33701

7. Name and Address of New Registered Agent

Name Robert Trimble DMD
 Street Address (P.O. Box Number is Not Acceptable)
30575 US Hwy 19
 City Palm Harbor FL 34684

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 Robert Trimble Robert Trimble, President 3/1/00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Robert Trimble DMD</u> <u>30575 US Hwy 19</u> <u>Palm Harbor, FL 34684</u>	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert Trimble Robert Trimble 3/1/00 (727) 784-2448
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)