Apr 18, 2003 8:00 am Secretary of State

## 2003 FOR PROFIT CORPORATION

## **UNIFORM BUSINESS REPORT (UBR)**

P99000098305 DOCUMENT #

1. Entity Name

PO BOX 540921

City & State

Zip

SIGNATURE

NAME

TITLE

NAME

TITLE

NAME

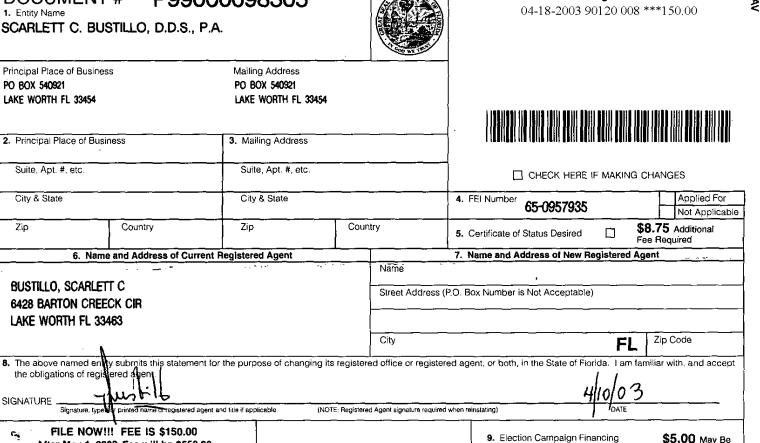
STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SCARLETT C. BUSTILLO, D.D.S., P.A.



Make Check Payable to Florida Department of State		1934			Trust Fund Cor	ntribution.	Added	to Fees
10, OFFICERS AND DIRECTORS		11,	ADD	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BUSTILLO, SCARLETT C PO BOX 540921 LAKE WORTH FL 33454	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		- Delete	_TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	-		☐ Change	☐ Addition
TITLE		☐ Delete	TITLE				☐ Change	☐ Addition

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP 12. 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:

SIGN

☐ Delete

☐ Delete

☐ Change

Change

☐ Addition

☐ Addition