

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90144 022 ***158.75

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DOCUMENT # P99000108558

1. Entity Name
JONES DENTAL, INC.



Principal Place of Business
**279 SOUTH STATE RD 7
MARGATE FL 33068**

Mailing Address
**279 SOUTH STATE RD 7
MARGATE FL 33068**

2. Principal Place of Business
279 South State Road 7

3. Mailing Address
AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
MARGATE FLORIDA

City & State

4. FEI Number **65-0980524**

Applied For
Not Applicable

Zip
33068

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**JONES, IAN C
279 SOUTH STATE RD 7
MARGATE FL 33068**

7. Name and Address of New Registered Agent

Name **N/A**
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 NAME STREET ADDRESS CITY-ST-ZIP	PD JONES, IAN C 279 SOUTH STATE RD 7 MARGATE FL 33068 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 30, 2003 954 956 9500
Date Daytime Phone #

CR2E034 (10/02)