

2000 UNIFORM BUSINESS REPORT (UBR)

5/8.

FILED

Jun 08, 2000 8:00 am
Secretary of State

05-08-2000 90048 028 ***150.00

DOCUMENT # V07275
1. Entity Name
Christina M. Martin DDS, MS, PA

Principal Place of Business Mailing Address
8313 W. Hillsborough #110
Tampa, FL 33615

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country
U.S.A.

4. FEI Number 59-3105977 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
Shari Rashkin

7. Name and Address of New Registered Agent
Name: Christina M. Martin
Street Address (P.O. Box Number is Not Acceptable): 12306 Marblehead Dr.
City: Tampa FL Zip Code: 33626

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: [Signature] DATE: 5/31/00

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS
TITLE: President
NAME: Christina Martin
STREET ADDRESS: 12306 Marblehead Dr.
CITY-ST-ZIP: Tampa, FL 33626
[Delete]
[Delete]
[Delete]
[Delete]
[Delete]

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]
[Change] [Addition]

13. 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: [Signature] 3/15/00 813/884-0058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)