

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V23145

1. Entity Name

JACQUELINE RUSSO, D.D.S., P.A.

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90200 049 ***150.00

Principal Place of Business

Mailing Address

2717 N WICKHAM RD
1 & 2
MELBOURNE FL 32935
US

2717 N WICKHAM RD
1 & 2
MELBOURNE FL 32935
US

100006



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2717 N. Wickham Rd.

3. Mailing Address

2717 N. Wickham Rd.

Suite, Apt. #, etc.

Suite 1 & 2

Suite, Apt. #, etc.

Suite 1 & 2

City & State

Melbourne, FL

City & State

Melbourne, FL

4. FEI Number

59-3120365

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

RUSSO, JACQUELINE
2447 N. WICKHAM RD. #116
MELBOURNE FL 32935

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.

SIGNATURE

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RUSSO, JACQUELINE	
STREET ADDRESS	2717 N WICKHAM RD # 1 & 2	
CITY-ST-ZIP	MELBOURNE FL 32935	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		

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

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 my address, with all other changes required.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jacqueline
Russo, DDS 4/30/01

Date

321-242-2378

Daytime Phone #

CR2E034 (10/00)