2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

FILED DOCUMENT # **H09181** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name OBROCHTA CENTER FOR DENTAL HEALTH STEPHEN P. OBROCHTA DOS. P. 04-03-2000 90111 038 ***150.00 Principal Place of Business Mailing Address 4464 CENTRAL AVE. 4464 CENTRAL AVE. ST. PETERSBURG FL 33711-1142 ST. PETERSBURG FL 33711 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2415901 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ·Name OBROCHTA, STEPHEN P. Street Address (P.O. Box Number is Not Acceptable) 4464 CENTRAL AVENUE ST. PETERSBURG FL 33711 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NO,TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1,2000 Fee will be \$550,00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition ☐ Change TITLE ☐ Delete OBROCHTA, STEPHEN P. NAME STREET ADDRESS STREET ADDRESS 4464 CENTRAL AVENUE CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete THTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete ☐ Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP It this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information the 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 incovered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if section of the proposed of 13. I hereby certify that the information supplied v indicated on this report or supplem of the corporation or the receiver

STEPHEN P. OBROCHTA
DOS. RA- 1/19/00