

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90068 020 ***150.00

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **J. D. KRASNE D.D.S. P.A.**
1. Entity Name

H38366 ✓

659581

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3331 W. Bearss Ave Suite, Apt. #, etc. Tampa, FL City & State 33618 Zip		3. Mailing Address 3331 W. Bearss Ave Suite, Apt. #, etc. Tampa FL City & State 33618 Zip	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

FBI Number 59-2521023	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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7. Name and Address of Current Registered Agent	
Name J. D. KRASNE D.D.S.	
Street Address (P.O. Box Number is Not Acceptable) 3331 W. Bearss Ave	
City Tampa,	FL ^{7in Code} 33618

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 re-registering)

DATE

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

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. J. D. KRASNE D.D.S. 3331 W. Bearss Ave. Tampa FL 33618
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CITY-ST-ZIP	

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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, without other like empowerment.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-02 **813-968-5368**
Date Daytime Phone #