


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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 JAN -7 PM 2:05

DOCUMENT # PO3000156270
 1. Entity Name
Jonathan J Bromboz DDS PA



DO NOT WRITE IN THIS SPACE

100190490961
01/07/11--01033--007 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>2701 Park Dr.</u>		3. Mailing Address	
Suite, Apt #, etc. <u># 4</u>		Suite, Apt #, etc.	
City & State <u>Clearwater, FL</u>		City & State	
Zip <u>33763</u>	Country <u>US</u>	Zip	Country
4. FEI Number <u>54-3775751</u>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name <u>Spiegel & Utrera, P.A.</u>	
	Street Address (P.O. Box Number is Not Acceptable)	
	<u>1840 Coral Way, 4th Floor</u>	
City	<u>FL</u>	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>P - President Jonathan J Bromboz 2701 Park Dr #4 Clearwater, FL 33763</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>V - VP/President Vicki Bromboz 11 San Marco St # 304 Clearwater, FL 33767</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Vicki Bromboz 1-4-11 727-712-3837
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)

1/7/11
20