

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V00497

1. Entity Name
TMJ OF PINELLAS COUNTY, INC.

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90194 005 ***150.00

Principal Place of Business
8640 SEMINOLE BLVD.
SEMINOLE FL 34642
US

Mailing Address
1335 SOUTH FORT HARRISON AVE
CLEARWATER FL 34616
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1335 S. Fort Harrison Ave

3. Mailing Address
Suite, Apt. #, etc.

City & State
Clearwater, FL

Zip
34616

Country
US

City & State

4. FEI Number 59-3102895

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

HOFSTRA, PETER T.
SEMINOLE BLVD.
SEMINOLE FL 34642

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

8440 Seminole Boulevard

City

Seminole

FL

Zip Code

33772

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DPS
JUHL, TED M.
1417 SILVER OAK DRIVE
TARPON SPRINGS FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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STREET ADDRESS
CITY - ST - ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DP
Juhl, Ted m.
105 S. Dunbar Ave. 2391 ROBERTA LANE
Clearwater, FL 33755 33764

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

DS
Juhl, Melodie
320 Island Way, #607
Clearwater, FL 33767

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/01

727-461-7733

CR2E034 (10/00)