

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90014 024 ***150.00

DOCUMENT # P01000062152

1. Entity Name
JAMES KOSYDAR, D.D.S., P.A.

Principal Place of Business
8740 GULF BLVD
ST PETE BEACH FL 33706

Mailing Address
8740 GULF BLVD
ST PETE BEACH FL 33706



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5907 4th Street North
 Suite, Apt. #, etc.

3. Mailing Address
 5907 4th Street North
 Suite, Apt. #, etc.

City & State
 St Petersburg FL

City & State
 St Petersburg FL

4. FEI Number
 59-3728555

Applied For
 Not Applicable

Zip
 33703

Country
 USA

Zip
 33703

Country
 USA

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

KOSYDAR, JAMES
8740 GULF BLVD
ST PETE BEACH FL 33706

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  **DATE** 4/15/02

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, 2002 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	KOSYDAR, JAMES
STREET ADDRESS	8740 GULF BLVD
CITY-ST-ZIP	ST PETE BEACH FL 33706
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
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 an address, with an other like empowered.

SIGNATURE:  **DATE** 4/15/02 **Daytime Phone #** (727) 522 9192

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