

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 03, 2002 8:00 am**  
**Secretary of State**

03-03-2002 90072 037 \*\*\*150.00

0343392 SP

**DOCUMENT # 476699**

1. Entity Name  
**TEQUESTA DENTAL ASSOCIATES, P.A.**

Principal Place of Business Mailing Address  
**INLET PROFESSIONAL BLDG. STE C INLET PROFESSIONAL BLDG. STE C**  
**TEQUESTA FL 33469 TEQUESTA FL 33469**

**80035272**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-1626810** Applied For Not Applicable

Zip Country Zip Country 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

**GUZAUSKAS, JAMES**  
**175 TEQUESTA DR C**  
**TEQUESTA FL 33469**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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TITLE	NAME	TITLE	NAME
PT <input type="checkbox"/> Delete	<b>GUZAUSKAS, JAMES</b> 175 TEQUESTA DR C TEQUESTA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
VPS <input type="checkbox"/> Delete	<b>MEIER, JENNIFER</b> 175 C TEQUESTA DR TEQUESTA FL 33469	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	<b>VPS</b> <b>COLE, JENNIFER</b> 175 C TEQUESTA DR TEQUESTA FL 33469
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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: Jennifer E. Cole Date: 2/12/02 Daytime Phone #: (904) 746-7684

CR2E034 (9/01)