

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91839 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

70051015

DOCUMENT # 550416

1. Entity Name
JAMES M. RADECKI, DDS, P.A.

Principal Place of Business
**1931 W. BRANDON BLVD
BRANDON, FL 33511**

Mailing Address
**1931 W. BRANDON BLVD
BRANDON, FL 33511**

2. Principal Place of Business

3. Mailing Address

Street, Apt. #, etc.

Street, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-1773885

Applied For
Not Applicable

5. Certificate of Status Needed ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RADECKI, JIM
1931 W. BRANDON BLVD
BRANDON, FL 33511**

Name

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

City

FL

Zip Code

8. The above names only submit the 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

Signature is valid for period of 60 days from date of filing.

Signature of Registered Agent is required when changing agent.

DATE

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

10.	11.
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
☐ Delete	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. 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 687, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or in an attachment with an address, with all other filing information.

SIGNATURE:

Signature and Typed or Printed Name of Existing Officer or Director

4/24/03 James M. Radecki

Date

Typed or Printed Name

683/685-7353