## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR**

602915 **DOCUMENT#** 

1. Entity Name

ANTONIO CASTRO D.D.S., P.A.



## **FILED** Jan 21, 2003 8:00 am Secretary of State

01-21-2003 90510 015 \*\*\*150.00

	J. J							
Principal Place of Business 801 W. M. L. KING BLVD. TAMPA FL 33603		Mailing Address 801 W. M. L. KING BLVD. TAMPA FL 33603			-			
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2. Principal Place of Business		3. Mailing Address		T HEROTAL BUILD AND THE THE POLICE OF THE PARTY OF THE PA	118) (1881) BYN BIBN (1811) -	ARBRI BABII KIBRI I	D) D) 1 1 1 2 1 1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK H	☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State		4. FEI Number 59-1351	4. FEI Number 59-1351921		ed For pplicable	
Zip	Country	Zip	Country	5. Certificate of Status Desir		.75 Addition Required	nal	
	6. Name and Address of Current	Registered Agent		7. Name and Address of N	ew Registered Age	nt		
			Name	Name				
CASTRO, ANTONIO, D.D.S. 801 W M.L. KING BLVD		Street Address		(P.O. Box Number is Not Acceptable)				
tampa fi	L 33603							
			City		FL	Zip Code		
	named entity submits this statement for	or the purpose of changing it	s registered office or reg	istered agent, or both, in the State	of Florida. I am fam	iliar with, and	accept	
CIONATURE							-	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NO	E: Registered Agent signature re	quired when reinstating)	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			9. Election Campaig		\$5.00 M	May Be		
Make Check	Repartment of Payable to Florida Department of	f State		Trust i drid Contri		Added to	1 063	
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO	OFFICERS AND DI			
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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: