

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90918 047 \*\*\*150.00

**DOCUMENT # 638570**

1. Entity Name  
**JAMES C. ANTOS, D.C., P.A.**



Principal Place of Business  
**1460 W INT'L SPEEDWAY  
DAYTONA BEACH FL 32114  
US**

Mailing Address  
**1460 W INT'L SPEEDWAY  
DAYTONA BCH FL 32114  
US**

2. Principal Place of Business  
**569 Health Blvd**  
Suite, Apt. #, etc.  
**C**

3. Mailing Address  
**569 Health Blvd**  
Suite, Apt. #, etc.  
**C**

City & State  
**Daytona Beach, FL**

City & State  
**Daytona Beach, FL**

Zip Country  
**32114 Volusia**

Zip Country  
**32114 Volusia**

4. FEI Number **59-1940290**

Applied For  
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**JAMES C ANTOS, VICE-PRES/SEC  
1460 W INT'L SPEEDWAY BLVD  
DAYTONA BCH FL 32114**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Jan @ Antos P.C., P.A.**

**3-27-2003**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003, Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE **PS** ☐ Delete  
NAME **ANTOS, JAMES C.**  
STREET ADDRESS **1460 W INT'L SPEEDWAY BLVD.**  
CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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)(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: SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)