


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90156 027 ***150.00

DOCUMENT # 647112

1. Entity Name
JOSEPH C. NAGELSEN, JR., D.D.S., P.A.



Principal Place of Business
**892 GOLFVIEW TERR
WINTER PARK FL 32789**

Mailing Address
**892 GOLFVIEW TERR
WINTER PARK FL 32789**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
201 N LAKEMONT AVE
Suite, Apt. #, etc.

City & State
WINTER PARK FLA

Zip
32792

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-1949722**

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

6. Name and Address of Current Registered Agent
**NAGELSEN, JOSEPH C., JR.
201 NORTH LAKEMONT
WINTER PARK FL 32789**

Applied For
 Not Applicable

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 *Joseph C Nagelsen Jr* DATE **4-7-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	NAGELSEN, JAMES	
STREET ADDRESS	415 BRIGHTWATER BLVD	
CITY-ST-ZIP	ST PETERSBURG FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	NAGELSEN, JOSEPH C JR	
STREET ADDRESS	201 N LAKEMONT	
CITY-ST-ZIP	WINTER PARK FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LAWTON, THOMAS	
STREET ADDRESS	201 N LAKEMONT AVE	
CITY-ST-ZIP	WINTER PARK FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(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: *Joseph C Nagelsen Jr* **SIGNATURE REQUIRED** DATE: **4-7-03** DAYTIME PHONE: **407-644-1455**

CR2E034 (10/02)