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

## DOCUMENT # 670071

1. Entity Name

CARL W. LENTZ, III, F.A.C.S., P.A.

**FILED** Mar 03, 2003 8:00 am Secretary of State

03-03-2003 90429 017 \*\*\*150.00

			100	O WE THE					
Principal Plac	e of Business	Mailing Address							
120 N SENEC		120 N SENECA ST							
DAYTONA BCH FL 32114		DAYTONA BCH FL 32114							
•					I SERVICE RELIEF RESIDERANT REPORT LEGIS L	AT BLATT BLATT AT AT			
2. Principal Place of Business 1040 W.Int'l Speedway Blvd		3. Mailing Address				OF CICIL BION DICH			
			eedway b	ıva.					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			☐ CHECK HERE IF N	MAKING CHAP	1GES		
City & Stat	e	City & State			4. FEI Number Appli			olied For	7
Daytona Beach, FL 32114		Daytona Bch. FL 32114-3410		410	59-1996820			Not Applicable	
Zip	Country	Zip	Country		5. Certificate of Status Desired	□ \$8. <b>7</b>	<b>5</b> Addi	tional	
321.14=	3410 Volusia	32114-34/0	Volūsia		5. Certificate of ofatas besides	Fee R	equired		
	<ol><li>Name and Address of Current I</li></ol>				7. Name and Address of New Regis	stered Agent			4
	w w	Name	Name						
LENTZ, CARL				Street Address (P.O. Box Number is Not Acceptable)					
2411 N. F	ALIFAX	Street Address			io. Dox (tallibor to / tot / totoptable)				
	N BCH FL 32118								
·.	( DOTT 12 02110	•	City			<b></b> 7:	p Code		4
			City			FL   Zi	) Code		
	named entity submits this statement for	the purpose of changing its r	egistered office	or registere	ed agent, or both, in the State of Florida	a. I am familiar	with, ε	ind accept	1
the obligat	ions of registered agent.								
SIGNATURÈ .									1
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent sig	gnature required v	when reinstating)	DATE			
	ILE NOW!!! FEE IS \$150.00								1
	May 1, 2003 Fee will be \$550.00				9. Election Campaign Finance	· —		May Be	Ì
	Payable to Florida Department of	State			Trust Fund Contribution.		Added	to Fees	
10.	OFFICERS AND I	<u> </u>	11.		ADDITIONS/CHANGES TO OFFICE	BS AND DIREC	CTORS	IN 11	1
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NAME	LENTZ, CARL W, III, MD	□ Delete	NAME				2.790		(10/05)
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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.

CITY-ST-ZIP

SIGNATURE: ∠

CITY-ST-ZIP

Daytime Phone #