

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2002 8:00 am**  
**Secretary of State**

04-11-2002 90032 019 \*\*\*150.00

0636674 SP

**DOCUMENT # F00200**

1. Entity Name

**JAMES C. PALADINO, D.M.D., P.A.**

Principal Place of Business

Mailing Address

**C/O 1204 NW 69TH TERRACE  
 SUITE E  
 GAINESVILLE FL 32605**

**C/O 1204 NW 69TH TERRACE  
 SUITE E  
 GAINESVILLE FL 32605**

2. Principal Place of Business

**6218 NW 37th TERRACE**

3. Mailing Address

**6218 NW 37th TERRACE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**GAINESVILLE, FL**

City & State

**GAINESVILLE, FL**

4. FEI Number

**59-2030574**

Applied For

Not Applicable

Zip

**32653**

Country

**USA**

Zip

**32653**

Country

**USA**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PALADINO, JAMES C  
 1204 NW 69TH TERR  
 SUITE E  
 GAINESVILLE FL FL**

Name

**SAME**

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

**6218 NW 37th TR.**

City

**GAINESVILLE**

**FL**

Zip Code

**32653**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2002 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

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

11. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>PALADINO, JAMES C</b>	
STREET ADDRESS	<b>1204 NW 69TH TERR</b>	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>SAME</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAME</b>	
STREET ADDRESS	<b>6218 NW 37th TR.</b>	
CITY-ST-ZIP	<b>GAINESVILLE, FL. 32653</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**James C. Paladino, D.M.D., P.A.**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/02**  
 Date

**352-377-1055**  
 Daytime Phone #

CR2E034 (9/01)