

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90329 042 ***150.00

DOCUMENT # F27927

1. Entity Name
JOSEPH A. MARTINEAU, D.D.S., P.A.

Principal Place of Business
C/O WILLIAM R PLATT
600 S MAGNOLIA AVE #125
TAMPA FL 33606
US

Mailing Address
C/O WILLIAM R PLATT
600 S MAGNOLIA AVE #125
TAMPA FL 33606
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2105450**

Applied For
Not Applicable

Zip
33606

Country

Zip
33606

Country

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

PLATT, WILLIAM R
C/O JOSEPH MARTINEAU D.D.S.
600 S MAGNOLIA AVE STE 125
TAMPA FL 33606

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.

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
MARTINEAU, JANE ☒ Delete
4807 BAYSHORE BLVD F3
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D / P / S / T ☒ Change ☒ Addition
Martineau, Joseph A.
17 Davis Boulevard, Suite 405
Tampa, Florida 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD ☒ Delete
MARTINEAU, JOSEPH A
4807 BAYSHORE BLVD F3
TAMPA FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President ☒ Change ☒ Addition
Martineau, Sean C.
17 Davis Boulevard, Suite 405
Tampa, Florida 33606

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)