

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90217 029 ***150.00

DOCUMENT # H58860

1. Entity Name

DENTAL POWER OF TAMPA BAY, INC.

Principal Place of Business

**4913 S. WESTSHORE BLVD.
P. O. BOX 13375
TAMPA FL 33681-0375**

Mailing Address

**4913 S. WESTSHORE BLVD.
P. O. BOX 13375
TAMPA FL 33681-0375**

2. Principal Place of Business

3815 DREYEL AVE

Suite, Apt. #, etc.

3. Mailing Address

3815 DREYEL AVE

Suite, Apt. #, etc.

City & State

TAMPA, FLORIDA

City & State

TAMPA FLORIDA

4. FEI Number

59-2537366

Applied For

Not Applicable

Zip

33611

Country

HILLSBOROUGH

Zip

33611

Country

HILLSBOROUGH

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCWILLIAMS, ROSALIND E.
4913 S. WESTSHORE BLVD.
TAMPA FL 33611**

7. Name and Address of New Registered Agent

Name **ROSALIND E. MCWILLIAMS**

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

3815 DREYEL AVE

City

TAMPA

FL

Zip Code

33611

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 NAME STREET ADDRESS CITY-ST-ZIP	PVS MCWILLIAMS, ROSALIND E. 4913 S. WESTSHORE DR. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCWILLIAMS, ROSALIND E. 4913 S. WESTSHORE DR. TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS MCWILLIAMS, ROSALIND E. 3815 DREYEL AVE TAMPA, FL 33611	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MCWILLIAMS, ROSALIND E. 3815 DREYEL AVE TAMPA, FL 33611	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Rosalind E. McWilliams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/2002 813 837-4229
Date Daytime Phone #

CR2E034 (9/01)