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

J58480 DOCUMENT #

1. Entity Name

ASTA E. GRINIS, D.D.S., P.A.



Principal Place of Business 8041 BLIND PASS ROAD ST PETERSBURG BCH FL 33706 Mailing Address 8041 BLIND PASS ROAD ST PETERSBURG 8CH FL 33706

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Principal Place of Business	N		3. Mailing Address	$\overline{}$	
8351 Blind	1955	RA	1 2351 Rival	Doce	Rall
STATE LITTLE	14//	1/0	1 001 DIMO	16(22	<u>~~</u>
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
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**FILED** Feb 04, 2003 8:00 am Secretary of State

02-04-2003 90112 010 \*\*\*150.00



2. Principal 835 Suite, Apt	· Crinon races inco	3. Mailing Address 8351 Bin	Rol					
City & Sta	to				☐ CHECK HERE IF MAKIN			
St Pe	ete Beach FL	St Pete Bea			4. FEI Number 59-2652062	<del></del>	applied For lot Applicable	
337	06 Pinellas	33706	Phello	2 \$	5. Certificate of Status Desired	\$8.75 Ad Fee Require		
	6. Name and Address of Current F	Registered Agent			7. Name and Address of New Registered	Agent		
COINIC	ASTA E., D.D.S.	er e ege	Name		and the second second	,	•	
		Street A	Street Address (P.O. Box Number is Not Acceptable)					
135 58 A				``				
SI PETER	RSBURG BCH FL 33706							
			City		FL	<b>-</b> 1		
8. The above the objigar	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	egistered office o	r registered	d agent, or both, in the State of Florida. I am	familiar with,	, and accept	
CIONIATURE								
SIGNATURE	Signature, typed or printed name of registered agent an	d title if applicable. (NOTE:	Registered Agent signal	ture required w	vhen reinstating) DATE			
	ILE NOW!!! FEE IS \$150,00	<del></del>		· · · · · ·				
	r May 1, 2003 Fee will be \$550.00				9. Election Campaign Financing	\$5.0	<b>)0</b> May Be	
	k Payable to Florida Department of	State			Trust Fund Contribution.		d to Fees	
10.	OFFICERS AND D	1	Ť1.		ADDITIONS/CHANGES TO OFFICERS AN	D DIDECTOR	0.41.44	
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NAME	GRINIS, ASTA	□ Detete	NAME			Change Change	☐ Addition	
STREET ADDRESS	8041 BLIND PASS ROAD		STREET ADDRESS	835	11 Blind Pass Road			
CITY-ST-ZIP	ST PETERSBURG BCH FL 33706		CITY-ST-ZIP	St	Pete Beach FL 337	Na		
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12. Thereby c	ertify that the information supplied with the	is filing does not quality for th	a exemption stat	ad in Socti	ion 110 07/2Vi) Florida Statutas I further	er at a set a		

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: \_s