

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K92270

1. Entity Name

TED B. DOMANSKI, D.D.S., P.A.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90049 017 ***150.00

Principal Place of Business

Mailing Address

1212 US HWY. 1
NORTH PALM BEACH FL 33408

1212 US HWY. 1
NORTH PALM BEACH FL 33408-3502

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0131566

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOMANSKI, TADEUSZ
18150 LAKE BEND DR.
JUPITER FL 33458

Name TADEUSZ DOMANSKI

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

19802 LOXAHATCHEE Pointe DR.

City Jupiter

FL

Zip Code 33458

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 TADEUSZ DOMANSKI

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Tadeusz Domanski

4-16-00

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, 2000 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 D ☐ Delete
NAME DOMANSKI, TADEUSZ
STREET ADDRESS 18150 LAKE BEND DR.
CITY-ST-ZIP JUPITER FL

TITLE SAME ☒ Change ☐ Addition
NAME 19802 LOXAHATCHEE Pointe DR.
STREET ADDRESS Jupiter, FL 33458
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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: Tadeusz Domanski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

TADEUSZ DOMANSKI 4-16-00 561-626-3424

CR2E034 (9/99)