

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 90143 003 ***150.00

DOCUMENT # L05839

1. Entity Name
CASANOVA & IMHOFF, D.M.D., P.A.



Principal Place of Business
% REGISTERED CORPORATE AGENTS INC
612 SOUTH GREENWOOD AVENUE
CLEARWATER FL 33756
US

Mailing Address
% REGISTERED CORPORATE AGENTS INC
612 SOUTH GREENWOOD AVENUE
CLEARWATER FL 33756
US



2. Principal Place of Business
612 S Martin Luther King

3. Mailing Address
612 S Martin Luther King

Suite, Apt. #, etc.
Jr Ave

Suite, Apt. #, etc.
Jr Ave

☒ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2963350**

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

REGISTERED CORPORATE AGENTS INC
612 S GREENWOOD AVE
CLEARWATER FL 33756

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
612 S Martin Luther King Jr Ave
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. I am familiar with, and accept the obligations of registered agent.

Vickie A. Shaw

SIGNATURE *Vickie A. Shaw*

2/12/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D CASANOVA, MAITE**
STREET ADDRESS **11508 N 56TH ST.**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE ☐ Delete
NAME **D IMHOFF, GREGORY S.**
STREET ADDRESS **11508 N 56TH ST.**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03 **613/789-2775**

Date

Daytime Phone #

CR2E034 (10/02)