

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
 02-05-2001 90107 048 ***150.00

DOCUMENT # P00000042397

1. Entity Name
PAIROT TAYAPONGSAK DMD, P.A.

Principal Place of Business Mailing Address
5913-1 NORMANDY BOULEVARD 5913-1 NORMANDY BOULEVARD
JACKSONVILLE FL 32205 JACKSONVILLE FL 32205

2. Principal Place of Business 3. Mailing Address
5913-1 NORMANDY BLVD. 5913-1 NORMANDY BLVD
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
JACKSONVILLE, FL JACKSONVILLE, FL
 Zip Country Zip Country
32205 DUVAL 32205 DUVAL

4. FEI Number Applied For
59-3641300 Not Applicable
 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
TAYAPONGSAK, PAIROT
5913-1 NORMANDY BOULEVARD
JACKSONVILLE FL 32205
 Name **TAYAPONGSAK, PAIROT**
 Street Address (P.O. Box Number is Not Acceptable)
5913-1 NORMANDY BLVD.
 City **JACKSONVILLE FL** Zip Code **32205**

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 _____ (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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 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	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 another like empowered.

SIGNATURE: **P. RUPNUPH** **1/30/01 (904) 788-9200**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)