

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042397

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

Principal Place of Business
5913-1 NORMANDY BOULEVARD
JACKSONVILLE FL 32257

Mailing Address
5913-1 NORMANDY BOULEVARD
JACKSONVILLE FL 32257

2. Principal Place of Business
7101 NORMANDY BLVD.
Suite, Apt. #, etc.

3. Mailing Address
7101 NORMANDY BLVD.
Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL
Zip 32205 Country JUVAL

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JACKSONVILLE, FL
Zip 32205 Country JUVAL

4. FEI Number 59-3641300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TAYAPONGSAK, PAIROT
5913-1 NORMANDY BOULEVARD
JACKSONVILLE FL 32257

7. Name and Address of New Registered Agent

Name TAYAPONGSAK, PAIROT
Street Address (P.O. Box Number is Not Acceptable)
7101 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 SIGNATURE
Signature, typed or printed name of registered agent and date. Registered Agent signature required when reinstating.

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	P TAYAPONGSAK, PAIROT 5913-1 NORMANDY BLVD JACKSONVILLE FL 32205	<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
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		<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
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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: SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90012 037 ***150.00



DO NOT WRITE IN THIS SPACE

0022307 AV

CR2E034 (9/01)

1/7/02 (904) 788-9200