

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

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90084 028 ***150.00

DOCUMENT # P00000101085

1. Entity Name
JOHN G. SARRIS, D.D.S., P.A.



Principal Place of Business
**10775 SANTA ROSA DRIVE
BOCA RATON FL 33498**

Mailing Address
**10775 SANTA ROSA DRIVE
BOCA RATON FL 33498**

2. Principal Place of Business

1911 S. Federal Hwy

3. Mailing Address

Same

Suite, Apt. #, etc.

600

Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Zip

33483

Country

Palm Beach

Zip

Country

4. FEI Number

65-1056244

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPYREDO, TOM

4800 N FEDERAL HWY STE 100D

BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name

Anastasis Tom Spyredes

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

120 E. Palmetto Park Rd Suite 100

City

Boca Raton

FL

Zip Code

33432

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/20/03

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

TITLE **DPTS** ☐ Delete
NAME **SARRIS, JOHN**
STREET ADDRESS **10775 SANTA ROSA DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE **V** ☐ Delete
NAME **SARRIS, JOHN**
STREET ADDRESS **10775 SANTA ROSA DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

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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

Date

Daytime Phone #

1/13/03 561-278-7450

CR2E034 (10/02)