FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90324 010 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075928

1. Entity Name
ROD K. DIETZ, D.D.S., P.A.

Principal Place of Business	Mailing Address
1203 TARPON AVE TARPON SPRINGS, FL 34689	1203 TARPON AVE TARPON SPRINGS, FL 34689

2. Principal Place of Business	3. Mailing Address
624 E. TARPON AVE	624 E. TARPON AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TARPON SPRINGS FL	City & State: TARPON SPRINGS FL
Zip: 34689 Country: PINELLAS	Zip: 34689 Country: PINELLAS

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3737712 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DIETZ, ROD K D.D.S.
1203 TARPON AVE
TARPON SPRINGS, FL 34689

7. Name and Address of New Registered Agent

Name: DIETZ, ROD K. DDS
Street Address (P.O. Box Number Is Not Acceptable): 624 E. TARPON AVE
City: TARPON SPRINGS FL Zip Code: 34689

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: K Kent [signature] DDS   4/28/03
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIETZ, ROD K D.D.S. 1203 TARPON AVE TARPON SPRINGS, FL 34689	☐ Delete	DIETZ, ROD K. DDS 624 E. TARPON AVE TARPON SPRINGS, FL 34689	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: K Kent [signature] DDS   4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CR2E034 (10/02)