

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90169 004 ***158.75

DOCUMENT # P02000013128

1. Entity Name
JOHN D. DOS PASSOS, II, D.M.D., P.A.



Principal Place of Business
**10514 CHAMBERS DR
TAMPA FL 33626**

Mailing Address
**10514 CHAMBERS DR
TAMPA FL 33626**

2. Principal Place of Business

6552 GUNN HWY

Suite, Apt. #, etc.

TAMPA

City & State

FL

3. Mailing Address

6552 GUNN HWY

Suite, Apt. #, etc.

TAMPA

City & State

FL



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

680491009

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

Zip
33625

Country

HILLSBOROUGH

Zip
33625

Country

HILLSBOROUGH

6. Name and Address of Current Registered Agent

FOX, GREGORY A

20850 US 1 NORTH, SUITE 100

CLEARWATER FL 33761

7. Name and Address of New Registered Agent

Name

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

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.

SIGNATURE

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

TITLE **D** ☐ Delete
NAME **DOS PASSOS, JOHN D II**
STREET ADDRESS **10514 CHAMBERS DR**
CITY-ST-ZIP **TAMPA FL 33626**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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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

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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

11/1/03

813 963-0307

Date

Daytime Phone #

CR2E034 (10/02)