

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-08-2003 90109 001 ***300.00

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1. Entity Name
GENERAL & IMPLANT DENTISTRY OF TAMPA BAY, P.A.

Principal Place of Business
**501 FIRST AVE NORTH, STE 1000
ST PETERSBURG FL 33701**

Mailing Address
**501 FIRST AVE NORTH, STE 1000
ST PETERSBURG FL 33701**

2. Principal Place of Business
15950 Bay Vista Drive

3. Mailing Address

Suite, Apt. #, etc.
#390

Suite, Apt. #, etc.

City & State
Clearwater, FL

City & State

Zip
33760

Country
USA

Zip

Country

4. FEI Number
06-1640116

Applied For
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

**STEIN, HENRY A
501 FIRST AVE NORTH, STE 1000
ST PETERSBURG FL 33701**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
TATUM, OSCAR H III
120 SANDS POINT DR
TIERRA VERDE FL 33715** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D P
TATUM, OSCAR H III
15950 Bay Vista Dr., #390
Clearwater, FL 33760** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D S
BORGNER, RICHARD A.
15950 Bay Vista Dr., #390
Clearwater, FL 33760** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D T
CULLEN, MARK
15950 Bay Vista Dr., #390
Clearwater, FL 33760** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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: **RECEIVED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/03 725-535-6400
Date Daytime Phone

CRF0304 (10/02)