

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

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 91100 012 ***150.00

DOCUMENT # P02000088078



1. Entity Name
DERMATOLOGY WORKS, INC

Principal Place of Business
**11 N BAYSHORE BLVD
CLEARWATER FL 33759**

Mailing Address
**11 N BAYSHORE BLVD
CLEARWATER FL 33759**



2. Principal Place of Business
1111 N. Bayshore Blvd.

3. Mailing Address
1111 N. Bayshore Blvd.

Suite, Apt. #, etc.

Suite E-4

Suite, Apt. #, etc.

Suite E-4

City & State

Clearwater FL

City & State

Clearwater FL

Zip

33759

Country

Zip

33759

Country

4. FE Number

41-2054778

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

**SMITH, JR, GREG
28100 US HWY 19 N
SUITE #408
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **POMPEII, JOANN F**
CITY-ST-ZIP **11 N BAYSHORE BLVD
CLEARWATER FL 33759**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **1111 N. Bayshore Blvd. Suite E-4**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **SMITH, JR, GREG**
CITY-ST-ZIP **28100 US HWY 19 N, SUITE #408
CLEARWATER FL 33761**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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

3/14/03

Date

Daytime Phone #

CR2E034 (10/02)