## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 07, 2000 8:00 am Secretary of State DOCUMENT # **P93000050595** 1. Entity Name TMJ AND DENTAL DISORDERS, P.A. 02-07-2000 90029 006 \*\*\*150.00 Principal Place of Business Mailing Address 7640 38TH AVENUE NORTH 7640 38TH AVENUE NORTH ST. PETERSBURG FL 33710 ST. PETERSBURG FL 33710-1233 US HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3192298 Not Applicable Country Country Zip **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENKRANZ, STANLEY W Street Address (P.O. Box Number is Not Acceptable) 201 E. KENNEDY BLVD. **SUITE 1000 TAMPA FL 33602** 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. '(NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State (121) A TYPE TORFICERS AND DIRECTORS 12, ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11/359 500 ☐ Change ☐ Addition D TITLE Delete TITLE NAME KLEMENT, THOMAS V. NAME STREET ADDRESS 7640 38TH AVENUE, NORTH STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/E ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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. 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 of the corporation or the receiver or trusted empowered presecute this report as required by Chapter 607, Florida Statutes; and that my name further certify that the information th: that I am an officer or director appears in Block 11 changed, or on an attachment with an ac