

FILED  
Apr 28, 2003 8:00 am  
Secretary of State

04-28-2003 91434 048 \*\*\*150.00

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

DOCUMENT # P93000088231

1. Entity Name  
**WILLIAM N. PANTAZES, D.M.D., P.A.**



Principal Place of Business  
12662 INDIAN ROCKS ROAD  
LARGO, FL 34644 33774

Mailing Address  
12662 INDIAN ROCKS ROAD  
LARGO, FL 34644 33774

2. Principal Place of Business  
**12662 INDIAN ROCKS ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**12662 INDIAN ROCKS ROAD**  
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State  
**LARGO, FL**  
Zip  
**33774**  
Country  
**USA**

City & State  
**LARGO, FL**  
Zip  
**33774**  
Country  
**USA**

4. FEI Number  
**59-3216061**  
Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**PANTAZES, WILLIAM N.  
12662 INDIAN ROCKS ROAD  
LARGO, FL 34644 33774**

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 *William N. Pantazes DMD*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating)

**4-24-03**  
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 **P** ☐ Delete  
NAME **PANTAZES, WILLIAM N DMD**  
STREET ADDRESS **12662 INDIAN ROCKS RD.**  
CITY-ST-ZIP **LARGO, FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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

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

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TITLE ☐ Change ☐ Addition  
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: *William N. Pantazes DMD*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**WILLIAM N. PANTAZES DMD.**  
**PRESIDENT**

**4-24-03** (727) **595-2951**  
Date Daytime Phone #

CR2E034 (10/02)