2000 UNIFORM BUSINESS REPORT (UBR)

PAge 1 of 2

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006589

1. Entity Name

DONALD J. RADOMSKI, D.M.D., P.A.

Principal Place of Business	Mailing Address
1371 COUNTRY CLUB ROAD GULF BREEZE FL 32561	1371 COUNTRY CLUB ROAD GULF BREEZE FL 32561

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3222300 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RADOMSKI, DONALD J DMD
1371 COUNTRY CLUB ROAD
GULF BREEZE FL 32561

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.

SIGNATURE ____________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RADOMSKI, DONALD J DMD 2814 SANDY RIDGE ROAD GULF BREEZE FL 32561	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (5/00)

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. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Donald J. Radomski DMD   8/14/00   850-934-8220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

D.J. RADOMSKI, D.M.D., P.A.
1371 Country Club Road
Gulf Breeze, Florida 32561
Ph: 850-934-8220 • Fax: 850-932-3661

August 25, 2000

Attn: Mr. Tyrone Scott
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

Dear Mr. Scott,

As per our telephone conversation of August 25th, I am writing to request a waiver of the late fees in the amount of $400. As I explained, our corporation never received the initial mailing from the Division of Corporations.

Now that this matter has come to my attention, of corporate filing deadlines, I will be sure to make notice of this matter in the future. I have enclosed the required $150 payment as you requested. Your help at this time is greatly appreciated.

Sincerely,

Donald J. Radomski,
Donald J. Radomski, DMD, PA