

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 10, 2001 8:00 am**  
**Secretary of State**

01-10-2001 90003 002 \*\*\*150.00

**670750**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P96000051090**  
 1. Entity Name  
**GREG A. ENGELMAN, D.M.D., P.A.**

Principal Place of Business 7200 US HIGHWAY 19 NO PINELLAS PARK FL 33781 US	Mailing Address 9941 ASHLEY DRIVE SEMINOLE FL 34642
--	---

2. Principal Place of Business <b>6030 PARK BLVD</b> Suite, Apt. #, etc.	3. Mailing Address <b>6030 PARK BLVD</b> Suite, Apt. #, etc.
--	--

City & State <b>PINELLAS PARK, FL</b>	City & State <b>PINELLAS PARK, FL</b>	4. FEI Number <b>59-3386533</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33781</b>	Country <b>USA</b>	Zip <b>33781</b>	Country <b>USA</b>

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

6. Name and Address of Current Registered Agent  
**ENGELMAN, GREG**  
**9941 ASHLEY DRIVE**  
**SEMINOLE FL 34642**

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

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ENGELMAN, GREG</b> <b>9941 ASHLEY DRIVE</b> <b>SEMINOLE FL 34642</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Greg Engelman* **12/30/00** **727 5476453**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

