

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000100008

1. Entity Name  
DENTAL SPECIALTY GROUP OF PINELLAS, INC.

Principal Place of Business  
4326 PARK BLVD.  
SUITE #C-EAST  
PINELLAS PARK FL 33781

Mailing Address  
4326 PARK BLVD.  
SUITE #C-EAST  
PINELLAS PARK FL 33781

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 59-3414946

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PAQUETTE, WENDY B  
4326 PARK BLVD.  
SUITE #1  
PINELLAS PARK FL 33781

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 reissuing)

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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
D  
BELL, GRAHAM S  
940 MONTE CRISTO BLVD  
TIERRE VERDE FL 33715 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
S  
PAQUETTE, WENDY  
4326 PARK BLVD EAST  
PINELLAS PARK FL 33781 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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TITLE  
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STREET ADDRESS  
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☐ Delete

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CITY- ST- ZIP  
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2001

Date

727-544-5345

Daytime Phone #

CR2E034 (10/00)

03/0014

FILED  
Apr 11, 2001 8:00 am  
Secretary of State

04-11-2001 90038 005 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE