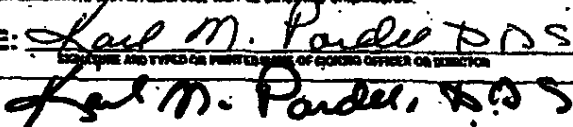


FILED
May 22, 2003 8:00 am
Secretary of State

04-25-2003 90244 023 ***150.00

4/15/20

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

DOCUMENT # P97000065076			
1. Entity Name KARL M. PARDEE, D.D.S., P.A.			
Principal Place of Business 2467 ENTERPRISE RD. CLEARWATER, FL 33763		Mailing Address DAVID F. WILSEY for KARL M. PARDEE, D.D.S., P.A.	
2. Principal Place of Business		3. Mailing Address 275 Fourth Street North	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State St. Petersburg, FL	
Zip	Country	Zip	Country
		33701	U.S.A.
4. Name and Address of Current Registered Agent PARDEE, KARL 2467 ENTERPRISE RD. CLEARWATER, FL 33763		4. FBI Number 59-3464063 Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$2.75 Additional Fee Required		7. Name and Address of New Registered Agent	
		Name DAVID F. WILSEY	
		Street Address (P.O. Box Number is Not Acceptable) 275 FOURTH STREET NORTH	
		City ST. PETERSBURG FL Zip Code 33701	
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 		DATE 5/20/03	
Signature, register printed name of registered agent and the if applicable.		(NOTE: Registered Agent's name and address appearing)	
		9. Election Campaign Financing Trust Fund Contribution. ☒ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD PARDEE, KARL 2467 ENTERPRISE RD. CLEARWATER, FL 33763 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.07(3)(f), 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 the empowered.			
SIGNATURE: 		DATE 4-22-03	
Signature AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR		Date	
Karl M. Pardee, D.D.S.		5-19-03	

CPRE004 (10/02)