

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

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90018 011 ***158.75

DOCUMENT # **P98000030157**



1. Entity Name

Domenic M. Castellano, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

24003790

2. Principal Place of Business

8635 W. Hillsborough Ave.

Suite, Apt. #, etc.

3. Mailing Address

8635 West Hillsborough Ave.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3514668

Applied For

Not Applicable

Zip

33615

Country

USA

Zip

33615

Country

USA

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name **David L. Castellano D.M.D.**

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

8635 West Hillsborough Ave.

City **Tampa**

FL

Zip Code **33615**

**DO NOT WRITE
IN THIS SPACE**

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

David L. Castellano D.M.D.

David L. Castellano D.M.D. January 21, 2004

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

P/V/T/S/D/C/M

David L. Castellano D.M.D.

4115 West Tecon Street

Tampa, FL 33629

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

David L. Castellano D.M.D.

David L. Castellano D.M.D.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **January 21, 2004**

Daytime Phone # **813-884-4641**

CR2E034B (12/02)