

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V15081

1. Entity Name

JAMES M. BLANEY, D.D.S., P.A.

FILED
Feb 04, 2000 8:00 am
Secretary of State

02-04-2000 90051 008 ***150.00

Principal Place of Business

Mailing Address

3620 NW 43RD ST
SUITE #E
GAINESVILLE FL 32606
US

2655 MCCORMICK DRIVE
CLEARWATER FL 33759-1041



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3110233**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

TEW-ZINBER-AND-BARNES
2655 MCCORMICK DRIVE
CLEARWATER FL 34619

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

JAMES M. BLANEY
(NOTE: Registered Agent signature required when reinstating)

1/28/00
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	DPST	<input type="checkbox"/> Delete
NAME	BLANEY, JAMES M	
STREET ADDRESS	3620 NW 43RD ST SUITE E	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE NAME		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)