2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

V68292 **DOCUMENT #**

1. Entity Name
THEODOSIOS G. FRANTZIS, D.D.S., M.S.D., P.A



FILED Mar 05, 2003 8:00 am Secretary of State

03-05-2003 90037 004 ***150.00

1112000	50100 d. Frantizio, 5.5.5.	, IVI.S.D., F.A.							
Principal Place of Business 1005 ROSETREE LANE TARPON SPRINGS FL 34689		Mailing Address P O BOX 1788 TARPON SPRINGS FL 34688-788 US		- 	Pia a nan lana dala dal			i b iahi b ibil habi	
2. Principal Place of Business		3. Mailing Address		-					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-] CHECK HERE IF	= MAKING	CHANGE:	s	
City & State		City & State		4. FEI Number	59-3148963		A	Applied For	
Zip	Country		Coun	ntry = = = =	5. Certificate of			\$8.75 Ac	
	6. Name and Address of Current	Registered Agent			ddress of New Re		Fee Requir	ed	
·				Name	. Hame and A	duless of New Ne	gistered A	gent	
FRANTZIS, THEODOSIOS G.		Street Address		(P.O. Box Number is Not Acceptable)					
	SETREE LANE			Street Address (P.O. Box Number i	s Not Acceptable)			
TARPON	SPRINGS FL 34689	St. Str. 4	• •						
	\$ 15 miles	`* 		City	·		FL	Zip Cod	
8. The above	named entity submits this statement for tions of registered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or both,	in the State of Flori	da. I am fa	amiliar with	and accept
ano obliga	*, *	· •		•	•				
SIGNATURE	Signature, typed or printed name of registered agent								<u> </u>
		and title if applicable. (NOT	E: Registered	d Agent signature required	when reinstating)		DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State						ion Campaign Final Fund Contribution.		\$5.0 Adde	00 May Be ed to Fees
10.	OFFICERS AND DIRECTORS				ADDITIONS/CH	ANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRANTZIS, THEODOSIOS G. 1005 ROSETREE LANE TARPON SPRINGS FL	☐ Delete			-			☐ Change	Addition
TITLE		☐ Delete	TITLE				3700	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		Botole	NAME STREE					Change	Addition
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STREET ADDRESS CITY-ST-ZIP			•	T ADDRESS ST-ZIP					
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STREET ADDRESS CITY-ST-ZIP				T ADDRESS					
			CITY-5	51-418	. .				
TITLE NAME		☐ Delete	TITLE					Change	☐ Addition
STREET ADDRESS			NAME STREET	T ADDRESS					
CITY-ST-ZIP			CITY-S	1					
									1

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 is 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 like empowered.

SIGNATURE: カ