# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 11, 2003 8:00 am**
**Secretary of State**
03-11-2003 90140 016 ***150.00

DOCUMENT # P02000102514

1. Entity Name
LANA'S DENTAL CARE, PA

| Principal Place of Business | Mailing Address |
|---|---|
| 3210 BERMUDA ISLE CIRCLE<br>#1229A<br>NAPLES FL 34109 | 3210 BERMUDA ISLE CIRCLE<br>#1229A<br>NAPLES FL 34109 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2515 Northbrooke Plaza Drive | 2515 Northbrooke PL Dr |
| Suite, Apt. #, etc.: Suite 100 | Suite, Apt. #, etc.: Suite 100 |
| City & State: Naples FL | City & State: Naples FL |
| Zip: 34119 Country: USA | Zip: 34119 Country: USA |

☑ CHECK HERE IF MAKING CHANGES

4. FEI Number 32-0035687 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

TALALENKO, SVETLANA N
9715 N. NEW RIVER CANAL ROAD
#400
PLANTATION FL 33324

**7. Name and Address of New Registered Agent**

Name: Svetlana Talalenko
Street Address (P.O. Box Number is Not Acceptable): 3210 Bermuda Isle Circle #1229A
City: Naples **FL** Zip Code: 34109

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: Svetlana Talalenko Tala S DATE: 03/07/2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2003 Fee will be $550.00**
**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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | President<br>Svetlana Talalenko<br>3210 Bermuda Isle Cir. #1229A<br>Naples, FL 34109 | ☐ 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 | Secretary<br>Sergei Talalenko<br>3210 Bermuda Isle Cir. #1229A<br>Naples, FL 34109 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ☐ Change ☐ Addition |
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CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Svetlana Talalenko Secretary 03/07/2003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone