

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90065 040 \*\*\*150.00

**DOCUMENT # P98000009311**

1. Entity Name

**EAGLE DENTAL STUDIOS, INC.**

Principal Place of Business

Mailing Address

**4403 SE 16TH PLACE  
 SUITE 2  
 CAPE CORAL FL 33904**

**4403 SE 16TH PLACE  
 SUITE 2  
 CAPE CORAL FL 33904-7462**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0809884**

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

**MATRISCIANO, JEAN  
 3716 S.W. 3RD. STREET  
 CAPE CORAL FL 33991**

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 \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**  Delete  
 NAME **HANGER, EDWARD**  
 STREET ADDRESS **4018 SE 19TH AVE**  
 CITY-ST-ZIP **CAPE CORAL FL 33904**

TITLE **VPres**  Change  Addition  
 NAME **HANGER, EDWARD**  
 STREET ADDRESS **1210 8TH CT**  
 CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **V**  Delete  
 NAME **MATRISCIANO, DAVID K**  
 STREET ADDRESS **3716 SW 3RD ST**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

TITLE **P**  Change  Addition  
 NAME **DAVID MATRISCIANO**  
 STREET ADDRESS **3716 SW 3RD ST**  
 CITY-ST-ZIP **CAPE CORAL, FL 33991**

TITLE **ST**  Delete  
 NAME **MATRISCIANO, JEAN**  
 STREET ADDRESS **3716 SW 3RD ST**  
 CITY-ST-ZIP **CAPE CORAL FL 33991**

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

Change  Addition

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: *Jean Matrisciano*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-00  
 Date

(941)542-1190  
 Daytime Phone #