

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 603622

1. Entity Name

DONALD LINTZENICH, D.D.S., P.A.

FILED  
Feb 04, 2002 8:00 am  
Secretary of State

02-04-2002 90044 031 \*\*\*150.00

0497132 AV

Principal Place of Business

1044 CASTELLO DR.  
SUITE 109  
NAPLES FL 34103  
US

Mailing Address

1044 CASTELLO DR.  
SUITE 109  
NAPLES FL 34103  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LINTZENICH, DONALD L.  
558 DEVILS LANE  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name DONALD L. LINTZENICH

Street Address (P.O. Box Number is Not Acceptable)  
4475 DOVER CT. #1104

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.

SIGNATURE

Donald L. Lintzenich DDS PA

1-10-'02

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
LINTZENICH, DONALD L.  
4475 DOVER CT #1104  
NAPLES FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
LINTZENICH, MADONNA S.  
4475 DOVER CT #1104  
NAPLES FL 34109 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
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TITLE  
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☐ Change ☐ Addition

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TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/02 (941) 262-1233

Date

Daytime Phone #

CR2E034 (9/01)