2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 31, 2000 8:00 am Secretary of State **DOCUMENT # 615053** PAUL J. GIORGETTI, JR. D.D.S., P.A. 01-31-2000 90097 035 ***150.00 Principal Place of Business Mailing Address 1617 S. TUTTLE AVE., SUITE 2B 1617 S. TUTTLE AVE.. SUITE 28 SARASOTA FL 34239 SARASOTA FL 34239-3132 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite; Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1945942 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 2070 RINGLING BOULEVARD SARASOTA FL 33577 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PSD [] Change ☐ Addition Delete TITLE TITLE GIORGETTI, PAUL J, JR NAME NAME 1617 S. TUTTLE AVE. #2B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Addition Change TITLE ☐ Delete TITLE HARRIS, RICHARD L. NAME NAME STREET ADDRESS 2661 MALL DRIVE STREET ADDRESS CITY-ST-ZIP CITY_ST-21P SARASOTA FL TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [] Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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 of 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 autochment with an application, with all other like empowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR