## 2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 688167** Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** GARY A. LAYTON, D.D.S., P.A. 03-24-2000 90088 012 \*\*\*150.00 Principal Place of Business Mailing Address 4959 CASTELLO DRIVE 4959 CASTELLO DRIVE C/O GARY A. LAYTON C/O GARY A. LAYTON NAPLES FL 34103-8927 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2020691 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAYTON, GARY A. Street Address (P.O. Box Number is Not Acceptable) 4959 CASTELLO DRIVE NAPLES FL 34103 Zip Code City 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 stered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE Delete TITLE Change NAME LAYTON, GARY A. NAME STREET ADDRESS STREET ADDRESS 4959 CASTELLO DRIVE CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME TREET ADDRESS STREET ADDRESS TITY-ST-ZIP CITY-ST-ZIP litLE ☐ Delete TITLE Change Addition AME TREET ADDRESS STREET ADDRESS TY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TLE Delete NAME ÂME STREET ADDRESS TREET ADDRESS CITY-ST-ZIP TY-ST-ZIP ☐ Addition ☐ Change TLE. ☐ Delete TITLE ME NAME REET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addre , with all other like e npowered

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF

NING OFFICER OR DIRECTOR

941-262-267