

AMENDED

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 AUG -5 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04679

1. Entity Name
GEAR & YAVORSKY, D.D.S., P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6323 CORPORATE COURT SW

3. Mailing Address
6323 CORPORATE COURT SW

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE A

SUITE A

City & State
FORT MYERS FLORIDA

City & State
FORT MYERS FLORIDA

4. FEI Number
59-2036058

Applied For
Not Applicable

Zip
33919-3506

Country
USA

Zip
33919-3506

Country
USA

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

7. Name and Address of Current Registered Agent

Name

GEAR, ROBERT D

Street Address (P.O. Box Number is Not Acceptable)

6323 CORPORATE COURT SW

SUITE A

City

FORT MYERS

FL

Zip Code

33919-3506

**DO NOT WRITE
IN THIS SPACE**

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 Robert D Gear PVT

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

(NOTE: Registered Agent signature required when reinstating)

07/29/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVT
GEAR, ROBERT D
6323 CORPORATE COURT SW STE A
FORT MYERS FL 33919-3506

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

600006953086--7
-08/07/02--01071--009
*****61.25 *****61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
YAVORSKY, J. DENNIS
6323 CORPORATE COURT SW STE A
FORT MYERS FL 33919-3506

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT D GEAR PVT

07/29/02 239-482-5311

Date

Daytime Phone #

CR2E034B (12/01)