

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 20, 2003 8:00 am
Secretary of State

08-20-2003 90050 022 ***150.00

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DOCUMENT # P00000051075

1. Entity Name

BAY VIEW DENTAL MARKETING, INC



Principal Place of Business

1505 BAY VIEW DR
SARASOTA FL 34239

Mailing Address

1505 BAY VIEW DR
SARASOTA FL 34239

2. Principal Place of Business

7442 N TAMIAHI TRAIL

3. Mailing Address

7442 N TAMIAHI TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

SARASOTA, FLORIDA

City & State

SARASOTA, Florida

4. FEI Number

65-1013437

Applied For

Not Applicable

Zip

34243

Country

USA

Zip

34243

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LISZEWSKI, KENNETH
1505 BAY VIEW DR
SARASOTA FL 34239

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8-13-03

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME LISZEWSKI, KENNETH DMD
STREET ADDRESS 1505 BAY VIEW DR
CITY-ST-ZIP SARASOTA FL 34239

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

7442 N. TAMIAHI TRAIL
SARASOTA, FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)

ATTACHMENT
#P00000051075
80139229.83
5000

Bay View Dental Marketing Inc
7442 N. Tamiami Trail
Sarasota, Florida 34243

August 13, 2003

Attention: Division of Corporations

Per the instructions accompanying the Uniform Business Report, as a corporate officer, I attest to the fact that I did not receive an earlier copy of UBR request.

In view of this situation I ask that you forgive the penalty for late filing and accept the enclosed check for \$150.00 as the standard fee.

Thank you for your kind assistance in this matter.

Sincerely,



Kenneth Liszewski, DMD
President