

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90039 016 ***150.00

DOCUMENT # P00000098494

1. Entity Name

KINGSWAY DENTAL, INC.

Principal Place of Business

**106 COLONIAL STREET SE
 PORT CHARLOTTE FL 33952-9107**

Mailing Address

**106 COLONIAL STREET SE
 PORT CHARLOTTE FL 33952-9107**

2. Principal Place of Business

2200 KINGS Hwy

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3-I

City & State

Port Charlotte, FL

City & State

Zip

33980

Country

Charlotte

Country

4. FEI Number

65-1047737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

**MC INTOSH, WINSTON M DR
 106 COLONIAL STREET SE
 PORT CHARLOTTE FL 33952-9107**

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.

SIGNATURE

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, 2001 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **MC INTOSH, WINSTON M**
 CITY-ST-ZIP **106 COLONIAL STREET SE
 PORT CHARLOTTE FL 33952-9107**

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

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **MC INTOSH, CHARLA T**
 CITY-ST-ZIP **106 COLONIAL STREET SE
 PORT CHARLOTTE FL 33952-9107**

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

TITLE ☐ Delete
 NAME
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 CITY-ST-ZIP

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

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: CHARLA T. MCINTOSH
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-01 (941) 743-6160
 Date Daytime Phone #

CR2E034 (10/00)