

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

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90416 048 ***150.00

DOCUMENT # P00000114568

1. Entity Name

MICHELE LABODA, D.M.D., P.A. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13670 Metropolis Avenue

Suite, Apt. #, etc.

3. Mailing Address

13670 Metropolis Avenue

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Fort Myers, FL

City & State

Fort Myers, FL

4. FEI Number

65-1061688

Applied For

Not Applicable

Zip

33912

Country

USA

Zip

33912

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

LABODA, MICHELE B., D.M.D.

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

13670 METROPOLIS AVENUE

City

FORT MYERS

FL

Zip Code
33912

**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

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)

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
PD
LABODA, MICHELE B., D.M.D.
13670 METROPOLIS AVENUE
FORT MYERS, FL 33912

TITLE
NAME
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

MICHELE B. LABODA, D.M.D., PRESIDENT

5-9-02

Date

239-561-2258

Daytime Phone #

CR2E034B (12/01)