01 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

02 DEC 26 AM 9:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000013179

1. Entity Name

Cape Side Dental, PA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
865 Palm Bay Rd	P. O. Box 120641
Suite, Apt. #, etc.: Suite 104	Suite, Apt. #, etc.
City & State: West Melbourne, FL	City & State: West Melbourne, FL
Zip: 32905 Country: USA	Zip: 32912-0641 Country: USA

4. FEI Number: 59-3694205 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Marvin Richardson

Street Address (P.O. Box Number is Not Acceptable): 2750 Summer Brook St.

City: Melbourne FL Zip Code: 32940

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: Marvin Rich Nov 4. 2002

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	Samuel Artley, President P. O. Box 120641 West Melbourne, FL 32912-0641	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	800009692228 12/26/02--01036--011 **150.00
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CR2E034B (12/01)

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: Sam Artley 11/04/02 321-733-4711

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JS 12/31

P. O. Box 2901
Melbourne, FL 32902-2901
November 5, 2002

Uniform Business Report
Florida Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: Document #P01000013179

I was recently reviewing your web site and discovered that **CAPE SIDE DENTAL, PA** was listed as inactive. I contacted Dr. Samuel Artley, President who informed me that he had not received the annual report form. Further review of financial records indicate that the annual fee had not been paid. It appears that the problem may be due to an error occurring at the US Post Office. The mailing address as originally shown was P. O. Box 120486, West Melbourne, FL 32912. The actual mailing address is P. O. Box 120641, West Melbourne, FL 32912. The attached form was obtained from your web site and contains the correct mailing address.

Enclosed is a check for $150 as the annual filing fee. Request you reactivate this Corporation as the error occurred through no fault of Dr. Artley. Your timely assistance is appreciated.

Cordially,

Marvin Richardson

MARVIN RICHARDSON
Registered Agent