

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90241 011 ***150.00

DOCUMENT # PO1000096332 ✓

1. Entity Name

DENTAL RESOURCE SPECIALIST INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9169 Hollow Pine Dr

3. Mailing Address

~~9169 Hollow Pine Dr~~ SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, Fla

City & State

4. FEI Number

01-0625361

Applied For

Not Applicable

Zip

Country

34135

USA

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SUSAN TROIANELLO

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

9169 Hollow Pine Dr

City

Bonita Springs

FL

Zip Code

34135

**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

Susan Troianello

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

(NOTE: Registered Agent signature required when reinstating)

22 Apr 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 D.T.S.T.
NAME SUSAN TROIANELLO
STREET ADDRESS 9169 Hollow Pine Dr
CITY-ST-ZIP Bonita Springs, Fla 34135

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV
NAME Christopher Troianello
STREET ADDRESS SAME as above
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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: Susan Troianello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUSAN TROIANELLO

22 Apr 02

Date

941-949-4668

Daytime Phone #