

FILED
Oct 01, 2002 8:00 am
Secretary of State

09-16-2002 90160 034 ***550.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000106791

1. Entity Name
CREATIVE DENTAL DESIGN, INC.

Principal Place of Business
**3906 W NEPTUNE
 TAMPA FL 33629**

Mailing Address
**3906 W NEPTUNE
 TAMPA FL 33629**

43303

2. Principal Place of Business

5015 N. CLARK AVE

3. Mailing Address

5015 N. CLARK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
TAMPA, FLCity & State
Tampa, FL

4. FEI Number

593720614

Applied For

Not Applicable

Zip
33614

Country

Zip
33614

Country

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

ONA, CAROLYN
 3906 W NEPTUNE
 TAMPA FL 33629

Name **Carolyn Ona**

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

5015 N. Clark Ave

City **Tampa**

FL

Zip Code **33614**

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]*
 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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	D ONA, CAROLYN 3906 W NEPTUNE TAMPA FL 33629	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

CR2E034 (4/02)

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Attachment 43303 [REDACTED]
PO1000010697

September 11, 2002

To: Division of Corporations

Creative Dental Designs has moved. The new address is as follows. Please make any corrections needed. Thank you.



Creative Dental Designs
5015 N. Clark Ave.
Tampa, FL 33614

Carolyn Ona
Creative Dental Designs