

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-06-2002 90027 042 ***150.00

DOCUMENT # P01000111458

1. Entity Name

DOCTOR, DETAIL OF NAPLES INC.

Principal Place of Business

14901 PARK LAKE DR #308
 FT MYERS FL 33919-2153

Mailing Address

14901 PARK LAKE DR #308
 FT MYERS FL 33919-2153

2. Principal Place of Business

636 92nd Ave. N.

Suite, Apt. #, etc.

3. Mailing Address

636 92nd Ave. N.

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34108

Country

USA

City & State

Naples, FL

Zip

34108

Country

Collier

4. FEI Number

65-1155866

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAYSE, CHRISTOPHER T
14901 PARK LAKE DR #308
FT MYERS FL 33919-2153

Name

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

City

FL

Zip Code

7. Name and Address of New Registered Agent

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, 2002 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

TITLE **D** ☐ Delete
 NAME **BAYSE, CHRISTOPHER T**
 STREET ADDRESS **14901 PARK LAKE DR #308**
 CITY-ST-ZIP **FT MYERS FL 33919-2153**

TITLE ☐ Delete
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 CITY-ST-ZIP

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 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ Addition
 NAME
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-19-02 **823-9810**

CR2E034 (9/01)