

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90121 019 \*\*\*150.00

**DOCUMENT #** P02000063777

1. Entity Name  
**CHERYL L. MALICK, D.M.D., P.A.**

**CHERYL**



Principal Place of Business  
5831 CYPRESS HOLLOW WAY  
NAPLES FL 34109

Mailing Address  
5831 CYPRESS HOLLOW WAY  
NAPLES FL 34109



2. Principal Place of Business  
**7955 Airport Pulling Rd. N.**

3. Mailing Address  
**7955 Airport Pulling Rd. N.**

Suite, Apt. #, etc.  
**Suite 201**

City & State  
**Naples FL**

Zip  
**34109**

Country  
**USA**

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**MALICK, CHERYL L**  
**5831 CYPRESS HOLLOW WAY**  
**NAPLES FL 34109**

7. Name and Address of New Registered Agent

Name **CHERYL L. MALICK, DMD**

Street Address (P.O. Box Number is Not Acceptable)  
**1220 Reserve Way Apt 306**

City **Naples** FL Zip Code **34105**

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  **CHERYL L. MALICK, DMD, PRESIDENT** 03/11/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALICK, CHERYL L DMD</b> <b>5831 CYPRESS HOLLOW WAY</b> <b>NAPLES FL 34109</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Cheryl L. Malick, DMD</b> <b>1220 Reserve Way Apt 306</b> <b>Naples FL 34105</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **CHERYL L. MALICK DMD** 03/11/03 2395963434

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)