

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 027 ***150.00

DOCUMENT # **P93000040677**

1. Entity Name

Gaeta Dental & Associates, P.A.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3052 Harbor BLVD

Suite, Apt. #, etc.

3. Mailing Address

609 S Tamiami TR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Port Charlotte, FL

City & State

Venice, FL

4. FEI Number

65-0415360

Applied For

Not Applicable

Zip

33952

Country

USA

Zip

34285

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Joseph A. Gaeta, Jr.

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

609 S Tamiami TR

City

Venice

FL

Zip Code

34285

**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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

4/30/02

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

**President
Joseph A. Gaeta, Jr.
1509 Bayshore RD
Nokomis, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**Secretary
Kathleen E. Gaeta
1509 Bayshore RD
Nokomis, FL 34275**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 **941-486-0561**
Date Daytime Phone #

CR2E034B (12/01)