

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000078574

1. Entity Name

SCOTT M. BAKOS, D.D.S., P.A.

FILED
May 03, 2000 8:00 am
Secretary of State

05-03-2000 90122 038 ***150.00

Principal Place of Business

Mailing Address

3436 CLEVELAND AVE.
FORT MYERS FL 33901

3436 CLEVELAND AVE.
FORT MYERS FL 33901-7108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Ft Myers, FL

City & State
Ft Myers, FL

4. FEI Number 65-0444753

Applied For

Not Applicable

Zip
33901

Country
U.S.A.

Zip
33901

Country
U.S.A.

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

BAKOS, SCOTT M
3436 CLEVELAND AVE.
FORT MYERS FL 33901

Name Scott M. Bakos

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

3436 Cleveland Av.

City Ft Myers

FL

Zip Code
33901

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

Scott M. Bakos

Scott M. Bakos President

1-17-00

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME BAKOS, SCOTT M
STREET ADDRESS 239 DANIEL DR.
CITY-ST-ZIP SANIBEL FL 33957

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
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:

Scott M. Bakos
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-00

Date

941-936-3436

Daytime Phone #

CR2E034 (9/99)