

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED

03 MAR 12 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040313

1. Entity Name **DENTAL TECHNIQUE of WEST FLORIDA, INC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**166 CLEARWATER LARGO RD**

3. Mailing Address

**166 CLEARWATER LARGO RD**

Suite, Apt. #, etc.

**6**

Suite, Apt. #, etc.

**6**

City & State

**LARGO FL**

City & State

**LARGO FL**

Zip

**33770**

Country

**USA**

Zip

**33770**

Country

**USA**

4. FEI Number

**59-3253142**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**NICHOLAS A. MAGLI**

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

**166 CLEARWATER LARGO RD**

City

**LARGO**

**FL**

Zip Code

**33770**

**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 **NICHOLAS A. MAGLI**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**3/11/03**

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	<b>DP</b>
NAME	<b>NICHOLAS A. MAGLI</b>
STREET ADDRESS	<b>19829 GULF BLVD #504</b>
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>
TITLE	<b>DST</b>
NAME	<b>SUSAN MAGLI</b>
STREET ADDRESS	<b>19829 GULF BLVD #504</b>
CITY-ST-ZIP	<b>INDIAN SHORES FL 33785</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
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: **NICHOLAS A. MAGLI, PRESIDENT** **3/11/03 727-518-7800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)

DENTAL TECHNIQUE OF WEST FLORIDA, INC

10773 70<sup>TH</sup> AVE N

SEMINOLE, FL 33772

December 20, 2002

Good Morning:


Enclosed is ck# 6010 for \$150 in payment of the Annual Report for Dental Technique of West Florida, Inc. The FEI # is 59-3253142.

I am requesting that the corporation be reinstated. I never received the original form or any other reminder notices. This is the first time in 8 years that something has happened to the mail. I wish I had a better explanation to give you but I don't. I just never received any forms from the Department of State.

Nothing has changed from the previous year's report. If I have to complete your form please send it to the above address and I will promptly return it to you.

If there are any questions, please call me at 727-391-3737.

Thank you for your understanding in this matter.

  
Nicholas A Magli  
President