

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

DOCUMENT # P94000062289

1. Entity Name

Children's Dentistry of Naples, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3699 Airport Rd. N.

Suite, Apt. #, etc.

3. Mailing Address
3699 Airport Rd. N.

Suite, Apt. #, etc.

City & State
Naples, FL
34105

City & State
Naples, FL
34105

4. FPI Number
45-0517687

Applied For
Not Applicable

Zip
34105

Country
USA

Zip
34105

Country
USA

5. Certificate of Status Desired
 \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
Gerardo Santiago, DDS
Street Address (PO Box Number is Not Acceptable)

City
Naples

FL
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.

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)

January 1st - May 1st Fee is \$150.00
After May 1st Fee is \$550.00
Amended UBR is \$6125
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
Gerardo Santiago
3699 Airport Rd. N.
Naples, FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Max A. Holeher
1000 9th St. N. Ste. 502
Naples, FL 34102

TITLE
NAME
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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MAX A. HOLEHER, TREASURER

04-04-02 941049-7227

Date

Daytime Phone #

CR2E034B (12/01)