

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90152 016 ***150.00

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.

DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. Filing Number

05-0517687

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 (P.O. Box Number is Not Acceptable)

3699 Airport Rd. N.

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 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

**P
Gerardo Santiago
3699 Airport Rd. N.
Naples, FL 34105**

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

**T
Max A. Holder
1000 9th St. N., Ste. 502
Naples, FL 34102**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Max A. Holder, Treasurer

Date

Daytime Phone #

04-04-02 941649-7227

CR2E034B (12/01)