

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90214 031 ***150.00

DOCUMENT # P94000062289

1. Entity Name
CHILDREN'S DENTISTRY OF NAPLES, INC.



Principal Place of Business
**3699 AIRPORT RD NORTH
NAPLES, FL 34105 US**

Mailing Address
**3699 AIRPORT RD NORTH
NAPLES, FL 34105 US**

90104247



2. Principal Place of Business

3. Mailing Address

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0517687

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**SANTIAGO, GERARDO, DDS
3699 AIRPORT RD NORTH
NAPLES, FL 34105**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME **P SANTIAGO, GERARDO DR** ☐ Delete
STREET ADDRESS **3699 AIRPORT RD NORTH**
CITY-STATE-ZIP **NAPLES, FL 34105**

TITLE
NAME **T HOLCHER, MAX A** ☐ Delete
STREET ADDRESS **1000 9TH ST N, STE 502**
CITY-STATE-ZIP **NAPLES, FL 34102**

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE
NAME ☐ Change ☐ Addition
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CITY-STATE-ZIP

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

12. 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 10 or Block 11 if changed, 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. HOLCHER

Date


Daytime Phone #

4-22-03 239-649-7227

CR2E034 (10/02)

90104247

ATTACHMENT
D94000062289

CHILDREN'S DENTISTRY OF NAPLES 3699 AIRPORT RD. N. PH. 239-262-3898 NAPLES, FL 34105		5100	
DATE <u>3-17-03</u>		63-96520 660	
PAY TO THE ORDER OF	<u>Department of State</u>	\$	<u>150.</u>
	<u>One Hundred Fifty</u>		<u>00/100</u>
Northern Trust Bank of Florida N.A. Naples, Florida		DOLLARS  Security Features Included Details on Back	
FOR	<u>2003 UBR</u>	