

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

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91566 025 ***150.00

DOCUMENT # **P950000067124** ✓

1. Entity Name
DAMON & GREIDER PA
D/B/A West Cape Dental Associates

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
106 West HANCOCK Bridge Hwy
Suite, Apt., etc. **Suite A02**

3. Mailing Address
12050 Rosemount Dr.
Suite, Apt., etc.

DO NOT WRITE IN THIS SPACE

City & State
Cape Coral FL

City & State
FT Myers FL

4. FEI Number
65-0599261

Applied For
☐ Not Applicable

Zip
33991

Country
USA

Zip
33913

Country
USA

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **William A. Greider**

Street Address (P.O. Box Number is Not Acceptable)
12050 Rosemount Dr.

City **FT Myers**

FL

Zip Code **33913**

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]

(Signature, typed or printed name of registered agent, whichever is applicable.)

(NOTE: Registered Agent signature required when resigning.)

4/20/02
DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 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 **President**
NAME **William A. Greider**
STREET ADDRESS **12050 Rosemount Dr.**
CITY-ST-ZIP **FT MYERS FL 33913**

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**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 entities.

SIGNATURE:

[Signature] **William A. Greider**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02 **941 267 1900**
DATE Daytime Phone #

CR2E034B (12/01)