

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000068913

1. Entity Name

ANGELO M. GADALETA D.C., P.A.

FILED

May 22, 2000 8:00 am
Secretary of State

05-22-2000 90080 006 ***150.00

Principal Place of Business

4384 NW 31 AVE
OAKLAND PARK FL 33309
US

Mailing Address

4384 NW 31 AVE
OAKLAND PARK FL 33309-4206
US

2. Principal Place of Business

1015 WEST MAIN STREET

3. Mailing Address

16592 Wellington Lakes Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 8

City & State

Immokalee, Florida

City & State

FORT MYERS, Florida

Zip

34142

Country

Colier

Zip

33908

Country

LEE

4. FEI Number

65-0603801

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GADALETA, ANGELO M D.C.

11531 NW 31ST ST
SUNRISE FL 33323

Change of address

7. Name and Address of New Registered Agent

Name

GADALETA, ANGELO M., D.C.

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

16592 Wellington LAKES Circle

FORT MYERS, Florida

33908

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.

SIGNATURE

Change of address of registered agent, Angelo M. Gadaleta D.C., P.A. 3/29/2000

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 D
NAME GADALETA, ANGELO M
STREET ADDRESS 11531 NW 31ST ST
CITY-ST-ZIP SUNRISE FL 33323
Change of Address ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D
NAME GADALETA, ANGELO M.
STREET ADDRESS 16592 Wellington Lakes Circle
CITY-ST-ZIP FORT MYERS, FLORIDA 33908
Change ☒ Addition ☐

TITLE Secretary
NAME GADALETA, Patricia ANN
STREET ADDRESS 16592 Wellington Lakes Circle
CITY-ST-ZIP FORT MYERS, Florida 33908
Change ☐ Addition ☒

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Angelo M. Gadaleta D.C., P.A. ANGELO M. GADALETA D.C., P.A. 3/29/2000 (941) 657 5213

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #