

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90439 001 \*\*\*150.00  
 03-01-2001 90439 002 \*\*\*\*35.00

**DOCUMENT # P96000023692**

1. Entity Name  
**DENTAL TEMPS OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business Mailing Address  
**3412 CLARK RD** ~~PO BOX 4234~~ **4100**  
**STE 150** **SARASOTA FL 34230**  
**US** ~~46~~

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. **1100 S. TAMiami Tr**  
**#207**  
 City & State **Sarasota FL**  
 Zip Country **34236 USA**

62809



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0661316** Applied For Not Applicable  
 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  
**QUICKER, MICHAEL J ESQ** **Robert Wenzel**  
**240 N WASHINGTON BLVD** **1100 S. Tamiami Tr. #207**  
**STE 325** **SARASOTA FL 34237** **SARASOTA FL 34236**

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 **Robert Wenzel** DATE **2-13-01**  
 (NOTE: Registered Agent signature required when reinstating)

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 + \$35**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>DP</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ZWELLING, GLORIA</b>		CITY-ST-ZIP		
	<b>3412 CLARK RD STE 150</b>				
	<b>SARASOTA FL 34231</b>				
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	NAME	<input type="checkbox"/> Delete	TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 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, changed, or on an attachment with an address, with all other like empowered.  
 SIGNATURE: **Gloria Zwelling** Date **2/20/01** Daytime Phone # **941-926-8469**  
**941-927-6094**

CR2E034 (10/00)