

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

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90192 022 ***150.00

DOCUMENT # **P96000061090**

1. Entity Name

Ricardo S. Bocanegra D.D.S., PA.



DO NOT WRITE IN THIS SPACE

90028929

2. Principal Place of Business

12711 McGregor Blvd.

Suite, Apt. #, etc.

Ft Myers, Florida

City & State

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0689231

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Ricardo S. Bocanegra DDS

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

12711 McGregor Blvd.

Ft Myers,

City

Ft Myers

FL

Zip Code

33919

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

1/17/02

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **Doctor**
NAME **Ricardo S. Bocanegra D.D.S.**
STREET ADDRESS **12711 McGregor Blvd**
CITY-ST-ZIP **Ft Myers, FL 33919**

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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 on an attachment with an address, with an officer or trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/03

Date

Daytime Phone #

CR2E034B (12/02)