

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000078123**

1. Entity Name

PINE PLAZA DENTAL CARE, INC.**FILED****Jan 23, 2001 8:00 am**
Secretary of State

01-23-2001 90038 017 ***150.00

Principal Place of Business

1725 COUNTY ROAD 951
SUITE 105
NAPLES FL 34116

Mailing Address

1725 COUNTY ROAD 951
SUITE 105
NAPLES FL 34116**702084**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12435 COLLIER BLVD.

Suite, Apt. #, etc.

UNIT 105

3. Mailing Address

12435 COLLIER BLVD.

Suite, Apt. #, etc.

UNIT 105

City & State

NAPLES FL

City & State

NAPLES FL

4. FEI Number

59-3403851

Applied For

Not Applicable

Zip

34116

Country

US

Zip

34116

Country

US5. 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

CONDORI, FRANKLIN DDS
4560 15TH AVENUE SW
NAPLES FL 34116

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FRANKLIN CONDORI DDS**01/10/01**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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CONDORI, FRANKLIN DDS 4560 15TH AVE SW NAPLES FL 34116	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FRANKLIN CONDORI DDS **01/10/01** **(941) 455-0221**

CR2E034 (10/00)