

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000035083

1. Entity Name

COMFORTABLE DENTAL CARE, P.A.

FILED
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90087 037 ***150.00

Principal Place of Business

10911 BONITA BEACH ROAD
SUITE 1051
BONITA SPRINGS FL 34135

Mailing Address

10911 BONITA BEACH ROAD
SUITE 1051
BONITA SPRINGS FL 34135

2. Principal Place of Business

27544 BAYshore Dr.
Suite, Apt. #, etc.

3. Mailing Address

27544 BAYshore Dr.
Suite, Apt. #, etc.

00000000



DO NOT WRITE IN THIS SPACE

City & State

Bonita Springs, FL.

City & State

Bonita Springs, FL.

4. FEI Number

65-0480662

Applied For

Not Applicable

Zip

34134

Country

Lee

Zip

34134

Country

Lee

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ASHTON, W CRAIG
10911 BONITA BEACH RD SUITE 105
SUITE 300
BONITA SPRINGS FL 34135

7. Name and Address of New Registered Agent

Name Ashton, W. Craig
Street Address (P.O. Box Number is Not Acceptable)
27544 BAYshore Dr.
City Bonita Springs FL Zip Code 34134

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

W. Craig Ashton, President

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

(NOTE: Registered Agent signature required when reinstating)

3/15/01

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, 2001 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 ASHTON, W. CRAIG ☐ Delete
STREET ADDRESS 10911 BONITA BEACH RD, STE 105
CITY-ST-ZIP BONITA SPRINGS FL 34135

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 ASHTON, W. Craig ☒ Change ☐ Addition
STREET ADDRESS 27544 BAYshore Dr.
CITY-ST-ZIP Bonita Springs, FL. 34134

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

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: *W. Craig Ashton, W. Ashton*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/01
Date

941-992-7580
Daytime Phone #

CR2E034 (10/00)