

2000 UNIFORM BUSINESS REPORT (UBR)

6

DOCUMENT # P98000038069
1. Entity Name
ADVANTAGE Dental WALK-IN Center, Inc

FILED
Sep 12, 2000 8:00 am
Secretary of State

06-12-2000 90001 041 ***150.00

Principal Place of Business Mailing Address
2224 E. Columbus Dr. 2224 E. Columbus
Tampa, FL 33605 Tampa, FL 33605

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State
Zip Country Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3507841** Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent
Tony Gamble
2224 E. Columbus Dr
Tampa, FL 33605

7. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reselecting) 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 NAME STREET ADDRESS CITY-ST-ZIP
ISOLDA B. GAMBLE ☐ Delete
4945 Dewey Rose
Tampa, FL 33624
TITLE NAME STREET ADDRESS CITY-ST-ZIP
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TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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: _____ Date **6-2-00** Daytime Phone # **813-247-3322**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)

DOC # P98000038069

Advantage Dental Walk-In Clinic, Inc.

2224 E. Columbus Dr. • Tampa, Florida 33605 • Phone (813) 247-3322 • Fax (813) 247-4694



6/15/00

6/15/00

6/15/00

6/15/00

Florida Department of State
Division of Corporations
P O Box 6327
Tallahassee, Florida 32314

Attention: Mrs. Michele Milligan

This Letter is regards to the annual report filling for Advantage Dental walk-in, Inc. We did not receive our annual report by mail, we called and requested a duplicate copy be sent. Upon receipt of the duplicate report it was completed and forwarded. As a result of these unexpected delays the annual report was late. I am requesting a waiver for the aforementioned reason.

Thank you,

Tony Gamble

Manager