

2002-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000067252

1. Entity Name

DORAL DENTAL SERVICES OF FLORIDA, INC.

Principal Place of Business

10201 N PORT WASHINGTON
MEQUON WI 53092

Mailing Address

10201 N PORT WASHINGTON
MEQUON WI 53092

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Mequon WI

Mequon WI

Zip

Country

Zip

Country

53092

53092

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number

39-1936987

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

James A. Bordonaro
Assistant Secretary

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	BORCA, GREGORY J	
STREET ADDRESS	10175 SHERMAN RD	
CITY-ST-ZIP	CEDARBURG WI 53012	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRUMEYER, RONALD A	
STREET ADDRESS	1633 NORTH PROSPECT AVE APT #20A	
CITY-ST-ZIP	MILWAUKEE WI 53202	
TITLE	D	<input type="checkbox"/> Delete
NAME	KASTEN, CRAIG	
STREET ADDRESS	10829 NORTH HADDONSTONE PLACE	
CITY-ST-ZIP	MEQUON WI 53092	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBERTS, PATRICK	
STREET ADDRESS	3101 ROLAND PKWY	
CITY-ST-ZIP	HARTFORD WI 53027	
TITLE	S	<input type="checkbox"/> Delete
NAME	SIMMONS, WENDY	
STREET ADDRESS	405 RAMAKER AVE	
CITY-ST-ZIP	CEDAR GROVE WI 53014	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	F	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	600008552416	
CITY-ST-ZIP	10/23/02--01106--003 **800.00	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUMMEYER, RONALD A	
STREET ADDRESS	10936 North Wyngate Trace	
CITY-ST-ZIP	MEQUON, WI 53092	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASTEN, CRAIG	
STREET ADDRESS	9100 W. HAWTHORNE RD	
CITY-ST-ZIP	MEQUON, WI 53097	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SWEENEY, LISA	
STREET ADDRESS	N24W22700 MEADOWWOOD LANE	
CITY-ST-ZIP	WAUKESHA, WI 53186	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KASTEN, WENDY	
STREET ADDRESS	9100 W. HAWTHORNE RD	
CITY-ST-ZIP	MEQUON, WI 53097	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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

10-15-02

262-241-7140

Date

Dealing Process

CR2E034 (4/02)

FILED

02 DEC 26 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 2002