

2001 UNIFORM BUSINESS REPORT (UBR)DOCUMENT # **P99000053033**

1. Entity Name

FLORIDA DENTAL REPAIR, INC.**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90086 016 ***150.00

Principal Place of Business

Mailing Address

14680-118TH AVE NORTH
UNIT 6
LARGO FL 3377414680-118TH AVE NORTH
UNIT 6
LARGO FL 33774

2. Principal Place of Business

3. Mailing Address

6675-114 Ave. North
Suite, Apt. #, etc.6675-114 Ave. North
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

LARGO, FL

LARGO, FL

4. FEI Number **59-3582229**

Applied For

Not Applicable

Zip

Country

Zip

Country

33773

33773

5. 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

LEINBACH, PHILIP
9620 123RD LANE NORTH
SEMINOLE FL 33772

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

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	LEINBACH, PHILIP	NAME	
STREET ADDRESS	9620 123RD LANE NORTH	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	CITY-ST-ZIP	
TITLE	VPS	TITLE	
NAME	LEINBACH, MARGARET	NAME	
STREET ADDRESS	9620 123RD LANE NORTH	STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 33772	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

Philip Leinbach, Pres.

Date

2/20/01

Daytime Phone #

727-548-8751

CR2E034 (10/00)