

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000084036

1. Entity Name

SMILEMAKERS OF BARTOW, P.A.

Principal Place of Business

Mailing Address

1054 N BROADWAY AVE #13
BARTOW FL 33830

1054 N BROADWAY AVE #13
BARTOW FL 33830-3301

2. Principal Place of Business

3. Mailing Address

1508 S. HOWARD AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT C

City & State

City & State

TAMPA, FL

Zip

Country

Zip

Country

33606

POLK

4. FEI Number

59-3600055

Applied For

Not Applied

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

ARNOLD, SCOTT D
1508 S HOWARD AVE, UNIT C
TAMPA FL 33606

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D SCOTT D. ARNOLD 1508 S. HOWARD AVE, UNIT C TAMPA, FL 33606	<input type="checkbox"/> Change <input checked="" type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/>

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SCOTT D. ARNOLD, DMD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGN
HERE

533-0847
Daytime Phone #

FILED
Feb 07, 2000 8:00 am
Secretary of State

02-07-2000 90022 042 ***150.00

C0018709



DO NOT WRITE IN THIS SPACE