

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V25563

1. Entity Name

KRISTIN C. KALWARA, D.D.S., P.A.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90357 031 ***150.00

Principal Place of Business

HIGHLAND LAKES DENTAL
26590 ACE AVENUE (HWY 27), SUITE G105
LEESBURG FL 34748
US

Mailing Address

32239 RYAN DRIVE
#26
LEESBURG FL 34788
US

2. Principal Place of Business

16709 Rockwell Hgts Lane

Suite, Apt. #, etc.

3. Mailing Address

16709 Rockwell Hgts Lane

Suite, Apt. #, etc.

City & State

Clermont, FL

City & State

Clermont, FL

4. FEI Number

65-0330103

Applied For

Not Applicable

Zip

34711

Country

USA

Zip

34711

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KALWARA, KRISTIN C. DDS

33229 RYAN DRIVE, #26

LEESBURG FL 34788

16709 Rockwell Hgts Lane
Clermont, FL 34711

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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 re-issuing)

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 PVST
NAME KALWARA, KRISTIN C
STREET ADDRESS 33229 RYAN DRIVE #26
CITY-ST-ZIP LEESBURG FL 34788
16709 Rockwell Hgts Lane
Clermont, FL 34711

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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:

Kristin C. Kalwar DDS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

352-243-0018

Daytime Phone #

CR2E034 (10/00)