2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # K59158** May 18, 2000 8:00 am Secretary of State AMERICAN DENTAL TECHNOLOGIES, INC. 05-18-2000 90292 002 ***158.75 Principal Place of Business Mailing Address % GEORGE J. SCHNEIDER II C/O GEORGE J. SCHNEIDER II 5030 MINTON RD., SUITE B 230 NAYLOR ST NE PALM BAY FL 32907 PALM BAY FL 32907-1268 3. Mailing Address 2. Principal Place of Business Schneider II Suite, Alt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 0. BOY 120003 City & State 4. FEI Number Applied For 59-2924751 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address P.O. Box Number is Not Acceptable SCHNEIDER, GEORGE J. II 230 NAYLOR ST NE SAlmon PALM BAY FL 32907 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ■ Addition ☐ Delete TITLE SCHNEIDER, GEORGE J. II MAME 121 Salmon Dr NE 230 NAYLOR ST NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Delete ☐ Addition TITI F NAME SCHNEIDER, CAROL J. NAME 121 SAIMON Dr. NE STREET ADDRESS 230 NAYLOR ST NE STREET ADDRESS Palm BAY 71 33907 CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IE ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 supplied entering the 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 exhangled.

CAROL J. Schneider 4-58.00 331-95