

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91574 007 \*\*\*150.00

**DOCUMENT # K59158**

1. Entity Name  
**AMERICAN DENTAL TECHNOLOGIES, INC.**

AUDDJ003



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O GEORGE J. SCHNEIDER II          5030 MINTON RD., SUITE B          PALM BAY FL 32907          US</b>	Mailing Address <b>% GEORGE J. SCHNEIDER II          PO BOX 120003          WEST MELBOURNE FL 32912</b>
---	--

2. Principal Place of Business <b>3335 Hield Rd</b> Suite, Apt. #, etc. <b>Melbourne</b>	3. Mailing Address Suite, Apt. #, etc.
---	---

City & State <b>FL</b>	City & State
---------------------------	--------------

4. FEI Number <b>59-2924751</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

Zip <b>32904</b>	Country <b>Brevard</b>	Zip	Country
---------------------	---------------------------	-----	---------

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
---

6. Name and Address of Current Registered Agent

**SCHNEIDER, GEORGE J. II  
 121 SALMON DR NE  
 PALM BAY FL 32907**

7. Name and Address of New Registered Agent

Name  
**Schneider, George J. II**

Street Address (P.O. Box Number is Not Acceptable)  
**3335 Hield Rd**

City  
**Melbourne** **FL** Zip Code  
**32904**

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 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	<b>D</b> <b>SCHNEIDER, GEORGE J. II</b> <b>121 SALMON DR NE</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SCHNEIDER, CAROL J.</b> <b>121 SALMON DR NE</b> <b>PALM BAY FL 32907</b>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3335 Hield Rd</b> <b>Melbourne FL 32904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>3335 Hield Rd</b> <b>Melbourne FL 32904</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 another like empowered.

SIGNATURE: Carol J. Schneider Carol J. Schneider 4-30-01 321-723-1594  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)