

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L74608

FILED
Jan 24, 2002 8:00 AM
Secretary of State

Entity Name: ATLANTIC DENTAL ARTS, INC.

Current Principal Place of Business:

612 N HUDSON ST
ORLANDO, FL 32808 US

New Principal Place of Business:

Current Mailing Address:

612 N HUDSON ST
ORLANDO, FL 32808 US

New Mailing Address:

FEI Number: 59-3010097 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PERRICONE, GAIL J
612 N HUDSON STREET
ORLANDO, FL 32808 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: PERRICONE, GAIL J
Address: 8312 FRENCH OAK DRIVE
City-St-Zip: ORLANDO, FL

Title: D () Delete
Name: GARCIA, C.M.
Address: 520 W HWY 436 STE #1118
City-St-Zip: ALTAMONTE SPRINGS, FL 327144000

Title: D (X) Delete
Name: SHERIDAN, JOHN
Address: 4020 S. SEMORAN BLVD
City-St-Zip: ORLANDO, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: PERRICONE, GAIL J
Address: 8312 FRENCH OAK DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GAIL J PERRICONE

PD

01/24/2002

Electronic Signature of Signing Officer or Director

_____ Date