

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 18, 2002 8:00 am**  
**Secretary of State**

08-18-2002 90130 024 \*\*\*150.00

**DOCUMENT # P93000070116**

1. Entity Name  
**SHAMROCK DENTAL CO. INC.**

Principal Place of Business  
**10641 1ST STREET E.**  
**# 204**  
**TREASURE ISLAND FL 33706**

Mailing Address  
**10641 1ST STREET E.**  
**# 204**  
**TREASURE ISLAND FL 33706**

2. Principal Place of Business  
**1490 PASADENA AVES.**

3. Mailing Address  
**1490 PASADENA AVES.**

Suite, Apt. #, etc.

City & State  
**SOUTH PASADENA, FL**

City & State  
**SOUTH PASADENA, FL**

Zip  
**33707** Country  
**USA**

Zip  
**33707** Country  
**USA**

4. FEI Number **59-3203236** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**POLLOCK, ALBERT B**  
~~**1060 PINELLAS BAYWAY**~~  
**TIERRA VERDE FL 33715**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1695 Pinellas Bayway C-4**  
 City **TIERRA VERDE** **FL** Zip Code **33715**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X Albert B. Pollack* **Albert B. Pollack** *X* **8/14/02**  
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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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>DPT</b> <b>POLLOCK, ALBERT B</b> <b>1490 PASADENA AVE S</b> <b>SO PASADENA FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DVS</b> <b>POLLOCK, STEVEN V</b> <b>1490 PASADENA AVE SO</b> <b>SO PASADENA FL 33707</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 all other like empowered.

SIGNATURE: *X Albert B. Pollack* **Albert B. Pollack** *X* **8/14/02** *X 727-347-3679*  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E034 (4/02)

Attachment

Doc. # P93000070116  
9/19/07



**SHAMROCK DENTAL CO. INC.**  
"Dental Handpiece Sales & Repair Service"

AUGUST 14, 2002

DIVISION OF CORPORATIONS  
P.O. BOX 1500  
TALLAHASSEE, FL 32302

TO WHOM IT MAY CONCERN:

WE DID NOT RECEIVE THE ORIGINAL FORM AS IT APPARENTLY WAS MAILED TO OUR OLD ADDRESS AS EVIDENCED AT THE TOP OF THE BUSINESS REPORT.

PLEASE SEE LINE 11 FOR CORRECT STREET ADDRESS. WE ARE ENCLOSING \$150.00 RENEWAL FEE AS PER OUR CONVERSATION WITH LEE ANN FROM YOUR OFFICE.

THANK YOU,  
  
AL POLLOCK, C.E.O.

800-367-8979 • 727-367-3679 • 727-367-9751 Fax

1490 Pasadena Ave. So., South Pasadena, FL 33707 • Mailing Address: P.O. Box 36003, St. Pete Beach, FL 33736-3603