

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90139 032 \*\*\*150.00

**DOCUMENT # 544618**

1. Entity Name

**UNITED DENTAL MANUFACTURERS, INC.**

Principal Place of Business

**2805 N AUSTRALIAN AVENUE  
 WEST PALM BEACH FL 33407**

Mailing Address

**570 WEST COLLEGE AVENUE  
 ATTN: TAX DEPARTMENT  
 YORK PA 17404**

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

**59-1829827**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

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 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

TITLE: PD  
 NAME: WHITING, THOMAS I  
 STREET ADDRESS: 2805 N AUSTRALIAN AVENUE  
 CITY-ST-ZIP: WEST PALM BEACH FL 33407  Delete

TITLE: VD  
 NAME: KUNKLE, GERALD K JR  
 STREET ADDRESS: 2805 N AUSTRALIAN AVENUE  
 CITY-ST-ZIP: WEST PALM BEACH FL 33407  Delete

TITLE: VS  
 NAME: ADDISON, BRIAN M  
 STREET ADDRESS: 2805 N AUSTRALIAN AVENUE  
 CITY-ST-ZIP: WEST PALM BEACH FL 33407  Delete

TITLE: T  
 NAME: WARADY, TIMOTHY S  
 STREET ADDRESS: 2805 N AUSTRALIAN AVENUE  
 CITY-ST-ZIP: WEST PALM BEACH FL 33407  Delete

TITLE: D  
 NAME: JELLISON, BILL  
 STREET ADDRESS: 2805 N AUSTRALIAN AVENUE  
 CITY-ST-ZIP: WEST PALM BEACH FL 33407  Delete

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  Addition

TITLE: \_\_\_\_\_  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_  Change  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: Timothy S. Warady Timothy S. Warady 4/30/01 717 845-7511  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)