

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 847518

1. Entity Name

THE ATLANTA DENTAL SUPPLY COMPANY

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90003 019 ***150.00

Principal Place of Business

Mailing Address

3080 PRESIDENTIAL DRIVE, N.E.
ATLANTA GA 30340

3080 PRESIDENTIAL DRIVE, N.E.
ATLANTA GA 30340-3906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-1402148

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLACKSHEAR, DAVID P.
1721 DESAIX BLVD.
TALLAHASSEE FL 32303

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, 2000 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	C	<input type="checkbox"/> Delete
NAME	BLACKSHEAR, DAVID P.	
STREET ADDRESS	3080 PRESIDENTIAL DR., NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	M	<input type="checkbox"/> Delete
NAME	GORMAN, WILLIAM H.	
STREET ADDRESS	3080 PRESIDENTIAL DR., NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	JONES, WILLIAM H.	
STREET ADDRESS	3080 PRESIDENTIAL DR.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	P	<input type="checkbox"/> Delete
NAME	KIRKUS, GARY	
STREET ADDRESS	3080 PRESEDENTIAL DR.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DEWEESE, JOSHUA V.	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEWEESE, JOSHUA V.	
STREET ADDRESS	3080 PRESIDENTIAL DRIVE	
CITY-ST-ZIP	ATLANTA, GA 30340	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Joshua V. Dewee JOSHUA V. DEWEESE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Sec'y Treas.

4/29/00
Date

770-455-4444
Daytime Phone #