

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F66729

FILED
May 05, 2003
Secretary of State

Entity Name: THE DENTAL DEPOT, INC.

Current Principal Place of Business:

99 NE 166 ST
N MIAMI BCH, FL 33162

New Principal Place of Business:

Current Mailing Address:

99 NE 166 ST
N MIAMI BCH, FL 33162

New Mailing Address:

FEI Number: 59-2184546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURTON, BARBARA NORTH
11955 W DIXIE HWY
MIAMI, FL 33161

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AINSLIE, JAMES W. II,
Address: 8801 N LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

Title: STD () Delete
Name: AINSLIE, PEGGY A.,
Address: 8801 N LAKE DASHA DRIVE
City-St-Zip: PLANTATION, FL 33324

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: P. A. AINSLIE

STD

05/05/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date