

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2001 8:00 am
Secretary of State
03-05-2001 90292 011 ***150.00

DOCUMENT # J75829

1. Entity Name
IMPLANT INNOVATIONS, INC.

816305

DO NOT WRITE IN THIS SPACE

Principal Place of Business
**4555 RIVERSIDE DR
PALM BEACH GARDENS FL 33410
US**

Mailing Address
**4555 RIVERSIDE DR
PALM BEACH GARDENS FL 33410
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

City & State
Zip Country

4. FEI Number **59-2816882** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**SABIN, EDWARD G
4555 RIVERSIDE DRIVE
PALM BEACH GARDENS FL 33410**

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAZZARA, RICHARD		NAME	KEITH BEATY	
STREET ADDRESS	4555 RIVERSIDE DR		STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PART DOEDENS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEATY, KEITH		NAME	PRESIDENT	
STREET ADDRESS	4555 RIVERSIDE DR		STREET ADDRESS	4555 RIVERSIDE DRIVE	
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SABIN, EDWARD G		NAME		
STREET ADDRESS	4555 RIVERSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: EDWARD G. SABIN **2-21-01** **561-776-6706**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)