

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K59158

1. Entity Name

AMERICAN DENTAL TECHNOLOGIES, INC.

FILED
May 18, 2001 8:00 am
Secretary of State

05-18-2001 91574 007 ***150.00

Principal Place of Business

Mailing Address

C/O GEORGE J. SCHNEIDER II
5030 MINTON RD., SUITE B
PALM BAY FL 32907
US

% GEORGE J. SCHNEIDER II
PO BOX 120003
WEST MELBOURNE FL 32912

AAAAJJJJ



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

3335 Hield Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Melbourne

City & State

City & State

FL

4. FEI Number 59-2924751

Applied For

Not Applicable

Zip

Country

Zip

Country

32904

Brevard

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

SCHNEIDER, GEORGE J. II
121 SALMON DR NE
PALM BAY FL 32907

Name Schneider, George J. II

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

3335 Hield Rd

City

Melbourne

FL

Zip Code

32904

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
NAME SCHNEIDER, GEORGE J. II
STREET ADDRESS 121 SALMON DR NE
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS 3335 Hield Rd
CITY-ST-ZIP Melbourne FL 32904

☒ Change ☐ Addition

TITLE D
NAME SCHNEIDER, CAROL J.
STREET ADDRESS 121 SALMON DR NE
CITY-ST-ZIP PALM BAY FL 32907

☐ Delete

TITLE
NAME
STREET ADDRESS 3335 Hield Rd
CITY-ST-ZIP Melbourne FL 32904

☒ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)