

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90119 045 ****55.00

DOCUMENT # L98000001592

1. Entity Name

BARTON-CYKER DENTAL SUPPLY OF FLORIDA, L.L.C.

Principal Place of Business

**5111 RIO VISTA AVE
TAMPA FL 33634**

Mailing Address

**5111 RIO VISTA AVE
TAMPA FL 33634**

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

65-0860082

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HRAWG CORP.
2000 GLADES ROAD, SUITE 400
BOCA RATON FL 33431**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **BARTON-CYKER DENTAL SUPPLY, INC.**
STREET ADDRESS **427-B HAYDEN STATION ROAD**
CITY-ST-ZIP **WINDSOR CT 06095**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

CR2E083 (9/01)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Barton Cyker Dental Supply Inc, its Manager
[Signature]

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/17/02

617-426-1117