2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003715

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 OCT -9 PM 3:57

1. Entity Name

M.A.D. D.A.D.S. OF SARASOTA, INC.

Principal Place of Business	Mailing Address
1701 N. TAMIAMI TRL. SARASOTA FL 34234	1701 N. TAMIAMI TRL. SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. Box 341 Suite, Apt. #, etc.
City & State	City & State: SARASOTA, FL.
Zip / Country	Zip: 34230 / Country: SARASOTA

4. FEI Number 65-0778625 ☐ 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
Mock, GLENDA 1701 N TAMIAMI TRL SARASOTA FL 34234	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: Glenda Mock GLENDA MOCK 9-5-2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 12, 2001, min. will be $236.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D THOMAS, RICKEY 1322 24TH ST. SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400004639624--2 -10/17/01--01018--026 *****61.25 *****61.25
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUPREE, JEROME 1432 17TH ST. SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOCK, GLENDA 1701 N. TAMIAMI TRL. SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROOKS, PHILLIP J 2400 COLSON AVE. SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CHERRY, BARBARA 3907 BAYSHORE SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ABRAMS, AL 1710 22ND SARASOTA FL 34234	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (5/01)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Glenda Mock SIGNATURE REQUIRED GLENDA MOCK 9-5-2001 727 596 8251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #