

2002 UNIFORM BUSINESS REPORT (UBR)

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

01-30-2002 90145 021 ****61.25

DOCUMENT # N97000003715

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**

**P.O. BOX 341
 SARASOTA FL 34230**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0778625

Applied For

Not Applicable

Zip

Country

Zip

Country

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

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

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 **D** ☒ Delete
 NAME **THOMAS, RIGKEY**
 STREET ADDRESS **1322 24TH ST.**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **Sec - TREASURER** ☐ Change ☒ Addition
 NAME **T.R. Mock**
 STREET ADDRESS **1701 N TAMiami TR.**
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete
 NAME **DUPREE, JEROME**
 STREET ADDRESS **1432 17TH ST.**
 CITY-ST-ZIP **SARASOTA FL 34234**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **DUPREE, JEROME**
 STREET ADDRESS **1432 17TH ST**
 CITY-ST-ZIP **SARASOTA, FL 34234**

TITLE **D** ☐ Delete
 NAME **MOCK, GLENDA**
 STREET ADDRESS **1701 N. TAMiami TRl.**
 CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **D** ☐ Delete
 NAME **BROOKS, PHILLIP J**
 STREET ADDRESS **2400 COLSON AVE.**
 CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **D** ☐ Delete
 NAME **CHERRY, BARBARA**
 STREET ADDRESS **3907 BAYSHORE**
 CITY-ST-ZIP **SARASOTA FL 34234**

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

TITLE **D** ☐ Delete
 NAME **ABRAMS, AL**
 STREET ADDRESS **1710 22ND**
 CITY-ST-ZIP **SARASOTA FL 34234**

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

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: *Sec. of State*

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-2002

Date

321-1592

Daytime Phone #

CR2E037 (9/01)