

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000051482

1. Entity Name

EVN DENTAL STUDIO, INC.

FILED

Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90065 011 ***150.00

Principal Place of Business

9258 KETAY CIRCLE NORTH
BOCA RATON FL 33434

Mailing Address

9258 KETAY CIRCLE NORTH
BOCA RATON FL 33434

2. Principal Place of Business

2001-N. State Rd 7

3. Mailing Address

2001-N. State Rd. 7 Ste 41

Suite, Apt. #, etc.

Margate, FL.

Suite, Apt. #, etc.

Margate, FL.

City & State

City & State

4. FEI Number

65-1007987

Applied For

Not Applicable

Zip

33063

Country

Zip

33063

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

NUTTER, EDWIN V
9258 KETAY CIRCLE NORTH
BOCA RATON FL 33434

Name

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

City

FL

Zip Code

33428

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)

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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.

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**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D ☐ Delete
NUTTER, EDWIN V
9258 KETAY CIRCLE NORTH
BOCA RATON FL 33434

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
33428

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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TITLE
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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 all other like empowered.

SIGNATURE:

Edwin V. Nutter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/01

Date

954-968-0055

Daytime Phone #

CR2E034 (10/00)