FILED
Sep 13, 2001 8:00 am
Secretary of State
09-13-2001 90007 043 ***150.00

DOCUMENT # P00000108252	Secretary of State	
DYNAMIC DENTAL EDUCATORS, INC.	09-13-2001 90007 043 ***150.00	
Principal Place of Business Mailing Address 1517 E. FOWLER AVE STE B 1517 E. FOWLER AVE TAMPA FL 33612 TAMPA FL 33612	STE B	
Principal Place of Business , 3. Mailing Address		
1511: E. FOWLER AVE 1511 E. Suite, Apt. #, etc. STE. R. STE.	DO NOT WRITE IN THIS SPACE	
City & State City & State TAMPA	4. FEI Number 90141 Applied For Not Applicable	
Zip 3/6/12 Country V. S. A. Zip 3/6/12 6. Name and Address of Current Registered Agent	Country U.S. 9 5. Certificate of Status Desired	
DRESSLER, KIRT M	7. Name and Address of New Registered Agent Name PRESSIER, K. R. T. M.	
1517 E. FOWLER AVE STE B TAMPA FL 33612	Street Address (P.O. Box Number is Not Agceptable) Street Address (P.O. Box Number is Not Agceptable) Four IER ADDRESS (P.O. Box Number is Not Agceptable)	
	City TAMPA FL Zip Gode 36/2	
8. The above named entity submits this statement for the purpose of changing		
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (N	OTE: Registered Agent signature required when reinstating) DATE	
Tax filling requirement and elects to do so After September	W!!! FEE IS \$550.00 12, 2001 Fee will be \$750.00 able 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 Pringe Addition	
NAME DRESSLER, KIRT M STREET ADDRESS CITY-ST-ZIP TAMPA FL 33612	NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP TOTAL ADDRESS CITY-ST-ZIP	
TITLE DVS Delete NAME PASTON, JOSEPH H	TITLE Demande Addition MAME 15 1	
STREET ADDRESS CITY-ST-ZIP TAMPA FL 33612	STREET ADDRESS CITY-ST-ZIP Tampa, FL 336/2	
TITLE Delete	TITLE Change Addition	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY - ST - ZIP	
TITLE Déleté NAME STREET ADORESS	TITLE Change Addition NAME STREET ADDRESS	
TITLE Delete	CITY - ST - ZIP	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY - ST - ZIP	
TITLE Delete NAME STREET ADDRESS	TITLE Change Addition NAME STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP	
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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE	250 9 10 0 (8/3/7/2-1/57) ER OR DIRECTOR Date Dayline Phone #	

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

Attachment 918458 Doc# 100000108252

Dynamic Dental Educators, Inc.

1511-R E. Fowler Ave., Tampa, FL 33612 (813) 972-0159

September 10, 2001

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Florida 32302-1500

RE: Waiver of Fee for Uniform Business Report(UBR)

To Whom it May Concern:

This letter is to notify you that we are late in filing the UBR 2001, because we only received the form. Your office instructed us that a check in the amount of \$150. is required, considering the circumstances below, so that is enclosed.

On April 28, 2001, we moved from 1517-B E. Fowler Avenue, Tampa, Florida, 33612 to 1511 –R E. Fowler Avenue, Tampa, Florida, 33612. After the move there was confusion with the mail and until recently we have not been receiving our mail.

If you have any questions regarding this matter, please do not hesitate to call me at (813) 972-0159.

Sincerely,

Kirt M. Dressler, President and Agent