

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90111 033 \*\*\*150.00

**DOCUMENT # P01000018232**

1. Entity Name  
**DENTAL SYSTEMS INTERNATIONAL, INC.**

Principal Place of Business  
**110 E. GRANADA BOULEVARD  
SUITE 208  
ORMOND BEACH FL 32176**

Mailing Address  
**110 E. GRANADA BOULEVARD  
SUITE 208  
ORMOND BEACH FL 32176**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
**P.O. BOX 1239**  
Suite, Apt. #, etc.

City & State

City & State  
**CAPE CANAVERAL, FL**

4. FEI Number  
**59-3695697**

Applied For  
☐ Not Applicable

Zip Country

Zip Country  
**32920 Brevard**

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

~~DOI, SHINOBU~~  
**110 E. GRANADA BOULEVARD  
SUITE 208  
ORMOND BEACH FL 32176**

Name **DOI, SHINOBU**  
Street Address (P.O. Box Number is Not Acceptable)  
**387 ANGELO LANE**  
City **COCOA BEACH** **FL** Zip Code **32931**

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  **SHINOBU DOI**

**4/13/02**

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) ☒

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**Make Check Payable 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 ☐ Delete  
NAME **D**  
STREET ADDRESS **DOI, SHINOBU**  
CITY-ST-ZIP **1187 TADSWORTH TERRACE  
HEATHROW FL 32746**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **BERTHOIN, CLAUDE**  
CITY-ST-ZIP **2126 JOHN ANDERSON DRIVE  
ORMOND BEACH FL 32176**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)