

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90049 049 ***150.00

DOCUMENT # P01000026596

1. Entity Name
ENT DENTAL CERAMICS, INC.

Principal Place of Business
228 N. PINELLAS AVE.
TARPON SPRINGS FL 34689

Mailing Address
228 N. PINELLAS AVE.
TARPON SPRINGS FL 34689



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
413 S. PINELLAS AVE
 Suite, Apt. #, etc.
SUITE A
 City & State
TARPON SPRINGS FL
 Zip
34689 Country
USA

3. Mailing Address
413 S. PINELLAS AVE
 Suite, Apt. #, etc.
SUITE A
 City & State
TARPON SPRINGS FL
 Zip
34689 Country
USA

4. FEI Number
59-3705834 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
TABUS, EDWARD P
1427 MERES BLVD.
TARPON SPRINGS FL 34689

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ **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	
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D.P. VP, T.S.
EDWARD P TABUS
413 S. PINELLAS AVE, SUITE A
TARPON SPRINGS, FL 34689

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: _____ **3/4/02** **939-1308**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)