

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000020153

1. Entity Name

ADVANCED DENTAL TECHNOLOGIES, INC.



FILED

03 OCT 21 PM 6:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200023979152

10/21/03--01093--015 **150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3006 SE WAKE RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE FL

City & State

4. FEI Number

74-3030220

Applied For

Not Applicable

Zip

34984

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

ROSIE M. JOHNSTONE

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

3006 SE WAKE ROAD

City

PORT ST. LUCIE FL

Zip Code

34984

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with and accept the obligations of registered agent.

SIGNATURE

Sign electronically or print name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when changing agent.)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: PRESIDENT
NAME: ROSIE M. JOHNSTONE
STREET ADDRESS: 3006 SE WAKE ROAD
CITY-STATE-ZIP: PORT ST. LUCIE FL 34984

TITLE:
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: VICE PRESIDENT
NAME: SCOTT D. JOHNSTONE
STREET ADDRESS: 3006 SE WAKE ROAD
CITY-STATE-ZIP: PORT ST. LUCIE FL 34984

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IN THIS SPACE**

REINSTATEMENT

TS

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)

ADVANCED DENTAL TECHNOLOGIES, INC.
3006 SE WAKE ROAD
PORT ST. LUCIE FL 34984

October 13, 2003

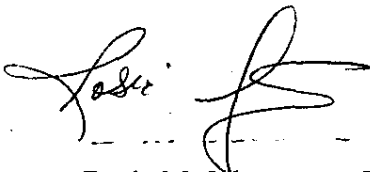
Department of State
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Gentlemen,

I have just received the application for reinstatement for my corporation. I was not aware of this fee and **I DID NOT RECEIVED ANY PREVIOUS FORM.**

I have enclosed a check for \$150.00 and ask that you please waive the late fee given that I would have paid the fee promptly if I would have received the Uniform Business Report in a timely manner.

Thank you,

A handwritten signature in black ink, appearing to read 'Rosie', followed by a stylized flourish or second signature.

Rosie M. Johnstone - President
ADVANCED DENTAL TECHNOLOGIES, INC.