2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P02000134189 **DOCUMENT #**

1. Entity Name

DENTAL EQUIPMENT REPAIR SERVICES, INC.



FILED Apr 21, 2003 8:00 am Secretary of State

04-21-2003 90356 012 ***150.00

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S. Name and Address of Current Registered Agent S. Name and Address of New Registered Agent Name NOSBY, ALLEN S 12222 MUSTARD ST ORLANDO FL 32837-7528 City FL C	City & Stat	е .	City	City & State			4. F	El Number 0810363			 -	
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MOSBY, ALLEN S 12322 MUSTARD ST ORLANDO FL 32837-7528 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code S. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent with a decision of registered agent. SIGNATURE Signature, topic or infetior name of registered agent with set agent agent and toe if applicable. (InCITE Pregistered Agent signature records when sensitivity) PLE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE D. OSSY, AHEN S 12322 MUSTARD ST ORLANDO FL 32837-7528 1011-51-2P TILE Delete TILE Delete TILE NAME SIRET ADDRESS ORLY-51-2P TILE ORLY-51-2P TILE ORLY-51-2P TILE ORLY-51-2P TILE ORLY-51-2P		6. Name	and Address of Curr	ent Registere	stered Agent			7. N	7. Name and Address of New Registered Agent			
12322 MUSTARD ST ORLANDO FL 32837-7528 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, bond or prints: Ame of registered agent and state if applicable. PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MOSBY, AHHEN S STREET ADDRESS OUT -S1-2P ORLANDO FL 32837-7528 ORLA							Name					
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B. 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 Signature Synature (registered agent) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be												
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		ortify that the	information supplied:	with this filing	does not qualify for	_L		n Section 1	10 07(3)(i) Florido Statutas 14	urthan partif	that the i-	formation

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I Turther 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #