

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000032314

1. Entity Name

DENTAL MATCH OF FLORIDA, INC.

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90002 046 ***150.00

Principal Place of Business

5921 GLENBROOK DRIVE
BOCA RATON FL 33433

Mailing Address

5921 GLENBROOK DRIVE
BOCA RATON FL 33433

2. Principal Place of Business

6100 N.W. 2nd AVE

3. Mailing Address

6100 N.W. 2nd AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#427

#427

City & State

City & State

BOCA RATON, FL

BOCA RATON, FL

Zip

Country

Zip

Country

33487

PBC

33487

PBC

6. Name and Address of Current Registered Agent

GOODE, MORTON J
5921 GLENBROOK DRIVE
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name GOODE, MORTON J.

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

6100 N.W. 2nd AVE

#427

City BOCA RATON

FL

Zip Code

33487

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Morton J Goode 4-1-01

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, 2001 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

TITLE VPST
NAME GOODE, AMY L
STREET ADDRESS 5921 GLENBROOK DR
CITY-ST-ZIP BOCA RATON FL 33433

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PRES, S&B IT
NAME GOODE, AMY L
STREET ADDRESS 6100 N.W. 2nd AVE
CITY-ST-ZIP BOCA RATON FL 33487

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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

April 1, 2001 561-862-0804

Date

Daytime Phone #

CR2E034 (10/00)