

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000034524

1. Entity Name
ATLANTIC STATES DENTAL, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90240 002 ***150.00

Principal Place of Business

5012 - 301 BLVD EAST
SUITE THREE
BRADENTON FL 34203

Mailing Address

5012 - 301 BLVD EAST
SUITE THREE
BRADENTON FL 34203

C0065749



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

218 53rd AVE. W.

Suite, Apt. #, etc.

3. Mailing Address

218 53rd AVE. W.

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

City & State

BRADENTON, FLORIDA

4. FEI Number

65-0410619

Applied For

Not Applicable

Zip

34207

Country

USA

Zip

34207

Country

USA

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

CARTER, AILEEN R
5012 - 301 BLVD E
SUITE THREE
BRADENTON FL 34203

218 53rd AVE. W
BRADENTON, FL 34207

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

Aileen R Carter AILEEN R CARTER

4/30/2001
DATE

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

(NOTE: Registered Agent signature required when reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST ☐ Delete
NAME CARTER, AILEEN R
STREET ADDRESS 5012 301 BLVD E SUITE 3
CITY-ST-ZIP BRADENTON FL 34203

TITLE ADDRESS ☒ Change ☐ Addition
NAME 218 53rd AVE. W.
STREET ADDRESS BRADENTON, FL 34207
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
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
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:

Aileen R Carter AILEEN R CARTER Pres. 4/30/01 94-739-2088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)