

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084849

1. Entity Name

DENTAL DIAGNOSTIC SERVICES, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90202 007 ***150.00

Principal Place of Business

Mailing Address

511 N. LIMONA
BRANDON FL 33510
US

P.O. BOX 1441
BRANDON FL 33509-1441

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3215010**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

GONZALES, LARRY J
6645 RIDGE ROAD
PORT RICHEY FL 34668

Name **N. Kelly Dorsett**
Street Address (P.O. Box Number is Not Acceptable)

2004 Kiser Drive

City **Valrico** FL Zip Code **33594**

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 **N. Kelly Dorsett**
Signature, typed or printed name of registered agent and title if applicable.

N. Kelly Dorsett
(NOTE: Registered Agent signature required when reinstating)

4/25/2000
DATE

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, 2000 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 **D** ☐ Delete
NAME **BUTLER, F. PAUL**
STREET ADDRESS **P.O. BOX 1441 N/A**
CITY-ST-ZIP **BRANDON FL 33509**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **DORSETT, KELLY**
STREET ADDRESS **P.O. BOX 1441 N/A**
CITY-ST-ZIP **BRANDON FL 33509**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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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: **N. Kelly Dorsett**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

N. Kelly Dorsett **4/25/2000** **(813) 685-1338**
Date Daytime Phone #