

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90331 007 ***150.00

DOCUMENT # P95000040487

1. Entity Name

DENTAL PLANS SALES & SERVICES, INC.

Principal Place of Business

**436 S. LAKEWOOD RUN DR.
 PONTE VEDRA BCH FL 32082
 US**

Mailing Address

**436 S. LAKEWOOD RUN DR.
 PONTE VEDRA BCH FL 32082
 US**

2. Principal Place of Business

349 W. Silverthorn Ln

3. Mailing Address

349 W. Silverthorn Ln

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

St Augustine FL

City & State

St Augustine FL

Zip

Country

Zip

Country

32095

32095

4. FEI Number

59-3366503

Applied For

Not Applicable

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

BUCKLEY, PATRICIA L

**436 S LAKEWOOD RUN DR
 PONTE VEDRA BEACH FL 32082**

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

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

(NOTE: Registered Agent signature required when reinstating)

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, 2002 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 ☐ Delete
 NAME **D**
 STREET ADDRESS **BUCKLEY, PATRICIA L**
 CITY-ST-ZIP **436 LAKEWOOD RUN DR
 PONTE VEDRA BEACH FL**

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **349 W. Silverthorn Ln**
 CITY-ST-ZIP **St Augustine FL 32095**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Patricia L Buckley
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-02 (904) 819-1988
 Date Daytime Phone #

CR2E034 (9/01)