

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90061 025 ***150.00

DOCUMENT # P95000053234

1. Entity Name

DIVERSIFIED DENTAL SERVICES, INC.

Principal Place of Business

10641 1ST ST. EAST
 #204
 TREASURE ISLAND FL 33706

Mailing Address

10641 1ST ST. EAST
 #204
 TREASURE ISLAND FL 33706

2. Principal Place of Business

1490 PASADENA AVE S
 Suite, Apt. #, etc.

3. Mailing Address

1490 PASADENA AVE S
 Suite, Apt. #, etc.

City & State

SOUTH PASADENA, FL

City & State

SOUTH PASADENA, FL

Zip

33707

Country

Zip

33707

Country

4. FEI Number **59-3324463**

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

POLLOCK, ALBERT
 10641 1ST E. # 204
 TREASURE ISLAND FL 33706

Name

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

1490 PASADENA AVE S

City

SOUTH PASADENA

FL

Zip Code
 33707

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

Albert Pollock

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/13/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PCEO
 POLLOCK, ALBERT B
 10641 1ST ST. EAST #204
 TREASURE ISLAND FL 33706 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 1490 PASADENA AVE S
 SOUTH PASADENA, FL 33707 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
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 CITY-ST-ZIP ☐ Change ☐ Addition

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 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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:

Albert Pollock

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/13/01

Date

727-367-3679

Daytime Phone #

CR2E034 (10/00)