

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000023225

1. Entity Name

INNOVADENT, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90005 009 ***150.00

Principal Place of Business

Mailing Address

1421 SOUTH JETTIES COURT
MT. PLEASANT SC 29466
US

1421 SOUTH JETTIES COURT
MT. PLEASANT SC 29466-7993
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0727192

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

JASLOW, CRAIG A ESQ
9351 FONTAINEBLEAU BLVD.
SUITE B-307
MIAMI FL 33172

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, 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	VTD	<input type="checkbox"/> Delete
NAME	LANDRY, DAVID	
STREET ADDRESS	1421 SOUTH JETTIES COURT	
CITY-ST-ZIP	MT. PLEASANT SC 29466	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GIBSON, FLOYD M	
STREET ADDRESS	POST OFFICE BOX 534	
CITY-ST-ZIP	WRIGHTSVILLE BEACH NC 28482	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KELTON, DAVID W	
STREET ADDRESS	3613 SUMMERFORD DR	
CITY-ST-ZIP	MARIETTA GA 30022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *David B. Landry* **DAVID B. LANDRY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-1-00

843

588-3800

CR2E034 (9/99)