

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 8:00 am
Secretary of State

02-21-2001 90198 042 ***150.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P97000023888 ✓
1. Entity Name
 Dental Concepts, Inc

Principal Place of Business (same) → Mailing Address
 9058 Harbor Isle Drive
 Windermere, Florida 34786

2. Principal Place of Business 9058 Harbor Isle Drive
 Suite, Apt. #, etc.
3. Mailing Address 9058 Harbor Isle Drive
 Suite, Apt. #, etc.

City & State Windermere, Fla
City & State Windermere, Fla
Zip 34786 **Country** USA **Zip** 34786 **Country** USA

4. FEI Number 65-0744359
Applied For
 Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Margaret Vivoda, President
 Dental Concepts, Inc.
 9058 Harbor Isle Drive
 Windermere, Florida 34786

7. Name and Address of New Registered Agent
 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 Margaret Vivoda **DATE** 2/10/01
 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> Delete
NAME	Margaret Vivoda	
STREET ADDRESS	9058 Harbor Isle Drive	
CITY-ST-ZIP	Windermere, Fla 34786	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Dario Vivoda	
STREET ADDRESS	9058 Harbor Isle Drive	
CITY-ST-ZIP	Windermere, Florida 34786	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: Margaret Vivoda, President **DATE** 2/10/01 (407) 909 3040
 Signature and typed or printed name of signing officer or director Daytime Phone #

CR2E034 (1/1/00)