2000 UNIFORM BUSINESS REPORT (UBR)

Mar 14, 2000 8:00 am Secretary of State DOCUMENT # **P97000031769** DENTAL EQUIPMENT, INC. 03-14-2000 90074 040 ***150.00 Mailing Address Principal Place of Business P O 80X 10561 1704 NE 4TH STREET. #2 UNIT 35 POMPANO BEACH FL 33069 POMPANO/8EACH FL 33061-6561 2. Principal Place of Business 3. Malting Address \$6 " Ave 3761 NE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For POMPANO BEACH, FI 4. FEI Number City & State 65-0745937 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired U-SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HOLZMEISTER, MARIA C Street Address (P.O. Box Number is Not Acceptable) 1704 NE 4TH STREET, #2 POMPANO BEACH FL 33069-4132 Zip Code FL 8. The above named entity submits this statement for the puriose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be ¿ :: Tax filing requirement and elects to do so. After NAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Change ☐ Addition Delete TITLE NAME NAME HOLZMEISTER, MARIA C STREET ADDRESS STREET ADDRESS 1704 N E 4TH STREET APT #2 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33060 Change Addition | Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Celete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-2000

FILED