

# 2000 UNIFORM BUSINESS REPORT (UBR)

10F2

DOCUMENT # P97000053035

1. Entity Name

D & D ADVANCE DENTAL TECHNOLOGY, INC.

FILED

01 JAN 24 AM 9:27

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Principal Place of Business

28221 PINE HAVEN WAY  
#157  
BONITA SPRINGS FL 34135

Mailing Address

28221 PINE HAVEN WAY  
#157  
BONITA SPRINGS FL 34135

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



7/26/00 9004500 \$100.00

4. FEI Number

59-3461927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HENSLEY, KAREY  
5117 CASTELLO DRIVE  
SUITE 1  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name

28000 Spanish Wells Blvd

#200

City  
Naples

FL

Zip Code  
34135

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	AHLMANN, DIRK	
STREET ADDRESS	28221 PINE HAVEN WAY, #157	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SINGER AHLMANN, GABRIELA	
STREET ADDRESS	28221 PINE HAVEN WAY, #157	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
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"/> 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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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:

*Singer, G*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

**Karey Hensley, CPA, PA**  
**28000 Spanish Wells**  
**Blvd., Ste 200**  
**Bonita Springs, FL 34135**

Division of Corporations  
Uniform Business Report Filings  
PO Box 1500  
Tallahassee, FL 32302-1500

**Dear Sirs:**

Respectfully,

  
Karey Hensley

COLUMBIA UNIVERSITY IN THE CITY OF NEW YORK  
SCHOOL OF JOURNALISM AND MASS COMMUNICATIONS  
DEPARTMENT OF JOURNALISM  
NEW YORK, N.Y. 10027