

2002 **FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 19, 2002 8:00 am**  
**Secretary of State**

05-19-2002 90074 006 \*\*\*150.00

DOCUMENT # P97000053035

1. Entity Name

D+D Advanced Dental Technology, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

28221 Pine Haven Way

Suite, Apt. #, etc.

# 157

3. Mailing Address

Same

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Zip

34135

Country

USA

Zip

Country

4. FEI Number

59-3461927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

Hensley, KAREY

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

10911 Bonita Beach Rd # 208-1

City

Bonita Springs,

FL

Zip Code

34135

**DO NOT WRITE  
IN THIS SPACE**

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's 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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

P. Ahlmann, Dirk  
28221 Pine Haven Way # 157  
Bonita Springs, FL 34135

VP. Singer Ahlmann, Gabriela  
28221 Pine Haven Way # 157  
Bonita Springs, FL 34135

TITLE  
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CITY-ST-ZIP

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-02 339 992 6060