

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90076 006 ***150.00

DOCUMENT # P98000031074

1. Entity Name
SAV-ON DENTAL SUPPLIES, INC.

Principal Place of Business 2502 BEACH TRAIL INDIAN ROCKS BEACH FL 33785	Mailing Address 2502 BEACH TRAIL INDIAN ROCKS BEACH FL 33785-3715
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2. Principal Place of Business 334 LA HACIENDA DRIVE	3. Mailing Address 334 LA HACIENDA DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State INDIAN ROCKS BEACH, FL	City & State INDIAN ROCKS BEACH, FL
Zip 33785	Zip 33785
Country USA	Country USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3502926	Applied For <input type="checkbox"/> Not Applicable
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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

**AKERS, PAM
2502 BEACH TRAIL
INDIAN ROCKS BEACH FL 33785**

Name
 Street Address (P.O. Box Number is Not Acceptable)
(ADDRESS CHANGE ONLY)
334 LA HACIENDA DRIVE
 City **INDIAN ROCKS BEACH** FL Zip Code **33785**

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 _____ DATE _____
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, 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 NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete AKERS, PAM 2502 BEACH TRAIL INDIAN ROCKS BEACH FL 33785	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 334 LA HACIENDA DRIVE INDIAN ROCKS BEACH, FL 33785
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 equipment.

SIGNATURE: *PAM AKERS* **AKERS** **4-24-00** **(427) 517-7316**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)