

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
 04-22-2002 90148 022 \*\*\*150.00

**DOCUMENT # P98000033936**

1. Entity Name  
**DENTALOGICS, INC.**

Principal Place of Business  
**648 NE 3 AVE**  
**FT. LAUDERDALE FL 33304**

Mailing Address  
**648 NE 3 AVE**  
**FT. LAUDERDALE FL 33304**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PILLINGER, RICHARD S**  
**3300 UNIVERSITY DR., STE. 408**  
**CORAL SPRINGS FL 33065**

7. Name and Address of New Registered Agent

Name **Michael Blum**  
 Street Address (P.O. Box Number is Not Acceptable)  
**648 NE 3<sup>RD</sup> AVE**  
**FT LAUDERDALE FL 33304**

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

*Michael Blum, President*

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/9/02**

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, 2002 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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>BLUM, MICHAEL R</b> STREET ADDRESS: <b>648 NE 3 AVE</b> CITY-ST-ZIP: <b>FT. LAUDERDALE FL 33304</b>		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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Michael Blum, President* **Michael Blum** **4/9/02**

CR2E034 (9/01)