

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000082790

1. Entity Name

SHORES DENTAL GROUP, INC.

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90140 017 ***150.00

Principal Place of Business

Mailing Address

4755 NORTH ALABAMA
VERO BEACH FL 32963

3730 7TH TERRACED #301
VERO BEACH FL 32960

2. Principal Place of Business

3. Mailing Address

4755 North Highway A1A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Vero Beach FL

Vero Beach FL

Zip

Country

Zip

Country

32963

USA

4. FEI Number

59-3593980 APPLIED FOR

Applied For

Not Applicable

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

MOORE, JOHN E III
5070 N ALA., STE 200
VERO BEACH FL

Name

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

City

FL

Zip Code

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 \$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 P ☐ Delete
NAME EMERSON, BEN D DMD
STREET ADDRESS 3730 7TH TERRACED #301
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME EMERSON, BEN D M.D.
STREET ADDRESS 3730 7TH TERR., STE 301
CITY-ST-ZIP VERO BEACH FL 32960

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME FOOSE, KARL BDS
STREET ADDRESS 4100 S DIXIE HWY
CITY-ST-ZIP WEST PALM BEACH FL 33405

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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
BEN D. EMERSON, P.D.S., M.D.

4-27-00 561-569-9700

Date

Daytime Phone #

CR2E034 (9/99)