May. 1. 2002 10:14AM 7277892021

FILED
May 21, 2002 8:00 am
Secretary of State
05-21-2002 91165 045 ***150.00

667609

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095815

1. Entity Name
Advanced Restorative Technologies, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
11546 92nd Way N.
Suite, Apt. #, etc
City & State: Largo, Fl.
Zip: 33773 Country: Pinellas

3. Mailing Address
11546 92nd Way N.
Suite, Apt. #, etc
City & State: Largo, Fl.
Zip: 33773 Country: Pinellas

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3539720
☐ 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: Edward C. LaBrecque, CPA
Street Address (P.O. Box Number is Not Acceptable): 1202 Nebraska Ave.
City: Palm Harbor FL Zip Code: 34683

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, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when required missing)

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 $750.00
After May 1: Fee is $1,500.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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: Franklin A Roeser, Franklin A. Roeser, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #