

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90058 042 ***150.00

DOCUMENT # P98000095890

1. Entity Name

MED-A-DENT CLAIMS SERVICE, INC.

Principal Place of Business

8362 PINES BLVD., #383
 PEMBROKE PINES FL 33024

Mailing Address

8362 PINES BLVD., #383
 PEMBROKE PINES FL 33024

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0886097

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

ELLIS, CATHERINE J
620 S.W. 67TH AVE
PEMBROKE PINES FL 33023

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. I am familiar with, and accept the obligations of registered agent.

(No Changes)

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ELLIS, CATHERINE J		NAME	
STREET ADDRESS 8362 PINES BLVD		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33024		CITY-ST-ZIP	
NAME ELLIS, JERRY INE L		NAME	
STREET ADDRESS 8362 PINES BLVD		STREET ADDRESS	
CITY-ST-ZIP PEMBROKE PINES FL 33024		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: *Catherine J Ellis* **CATHERINE J ELLIS** Date: **9/17/02** 954-987-1604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (4/02)



Attachment

873158

P98000095890

September 17, 2002

Division Of Corp.
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern,

As per my telephone conversation with Justin in your reinstatement division today, I am enclosing a new check in the amount of \$150.00.

On April 27, 2002 I mailed our original check to you along with our uniform business report. Since then I received another notice. I called your office and was told that you had not received our report or payment. I called our bank and the check was never processed or returned to us. Justin asked me to write this letter and send the new report along with another check to you. I am sending this certified so I can confirm the receipt. I appreciate your assistance in this matter.

Sincerely,

Cathy Ellis

Cathy Ellis