

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2002 8:00 am**  
**Secretary of State**

08-21-2002 90084 028 \*\*\*550.00

**DOCUMENT # P98000098519**

1. Entity Name  
**I LOVE MY DENTIST, INC.**

Principal Place of Business

**323 N WALNUT ST  
 STARKE FL 32091**

Mailing Address

**P.O. BOX 57  
 STARKE FL 32091  
 US**

2. Principal Place of Business

**452 N. Temple AVE**

Suite, Apt. #, etc.

**C**

3. Mailing Address

**452 N. Temple AVE**

Suite, Apt. #, etc.

**C**

City & State

**STARKE FL**

City & State

**STARKE, FL**

4. FEI Number

**59-3554067**

Applied For

☒ Not Applicable

Zip

**32091**

Country

**Bradford**

Zip

**32091**

Country

**Bradford**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HERRES, JOSEPH  
 323 N WALNUT ST  
 STARKE FL 32091**

7. Name and Address of New Registered Agent

Name

**GREGORY ALLEN**

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

**452 N. Temple AVE #C**

City

**STARKE**

**FL**

Zip Code

**32091**

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.

SIGNATURE

*Gregory Allen*

**GREGORY ALLEN**

**19 Aug 2002**

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

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERRES, JOSEPH</b>	
STREET ADDRESS	<b>323 N WALNUT ST</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, GREGORY</b>	
STREET ADDRESS	<b>452-C N TEMPLE AVE</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HERRES, JACQUELINE</b>	
STREET ADDRESS	<b>323 N WALNUT ST</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ALLEN, ROBYN</b>	
STREET ADDRESS	<b>452-C NORTH TEMPLE AVE</b>	
CITY-ST-ZIP	<b>STARKE FL 32091</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Gregory Allen* **GREGORY ALLEN** **20 Aug 02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/02)