

# 2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 23, 2000 8:00 am  
Secretary of State

05-23-2000 90226 032 \*\*\*150.00

DOCUMENT # P99000051244

1. Entity Name

S & S / CONCEPT ONE DENTAL SUPPLY AND EQUIPMENT

Principal Place of Business

Mailing Address

791 BLOUNT RD., BAY NO. 602  
POMPANO BEACH FL 33069

791 BLOUNT RD., BAY NO. 602  
POMPANO BEACH FL 33069

2. Principal Place of Business

3. Mailing Address

1791 Blount RD.

1791 Blount RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

# 602

# 602

City & State

City & State

Pompano Beach FL

Pompano Beach FL

Zip

Country

Zip

Country

33069

USA

33069

USA

4. FEI Number

65-0938728

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

LUNDY, MARK  
791 BLOUNT RD., BAY NO. 602  
POMPANO BEACH FL 33069

Name

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

1791 Blount RD.

# 602

City

Pompano Beach

FL

Zip Code

33069

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 ☐ Delete  
NAME D  
STREET ADDRESS LUNDY, MARK  
CITY-ST-ZIP 791 BLOUNT RD., BAY NO. 602  
POMPANO BEACH FL 33069

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS Lundy, Mark  
CITY-ST-ZIP 1791 Blount Rd., # 602  
Pompano Beach FL 33069

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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: (X)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)