

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91754 038 ***150.00

DOCUMENT # P99000051244

1. Entity Name

S&S/CONCEPT ONE DENTAL SUPPLY AND EQUIPMENT

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1791 BLOUNT RD.

3. Mailing Address

1791 BLOUNT RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

BAY # 602

BAY # 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**

7. Name and Address of Current Registered Agent

Name

MARK LUNOY

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

1791 BLOUNT ROAD

BAY # 602

City

POMPANO BEACH

FL

Zip Code

33069

**DO NOT WRITE
IN THIS SPACE**

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)

January 1 - May 1. Fee is \$150.00

After May 1, Fee is \$550.00

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
0
MARK LUNOY
1791 BLOUNT RD. BAY # 602
POMPANO BEACH, FL 33069

TITLE
NAME
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CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #