

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000053033

FILED  
Feb 26, 2002 8:00 AM  
Secretary of State

Entity Name: FLORIDA DENTAL REPAIR, INC.

## Current Principal Place of Business:

6674-114 TH AVENUE NORTH  
LARGO, FL 33773

## New Principal Place of Business:

6675-114 TH AVENUE NORTH  
LARGO, FL 33773

## Current Mailing Address:

6674-114 TH AVENUE NORTH  
LARGO, FL 33773

## New Mailing Address:

6675-114 TH AVENUE NORTH  
LARGO, FL 33773

FEI Number: 59-3582229

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEINBACH, PHILIP  
9620 123RD LANE NORTH  
SEMINOLE, FL 33772

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LEINBACH, PHILIP  
Address: 9620 123RD LANE NORTH  
City-St-Zip: SEMINOLE, FL 33772

Title: VPS ( ) Delete  
Name: LEINBACH, MARGARET  
Address: 9620 123RD LANE NORTH  
City-St-Zip: SEMINOLE, FL 33772

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHILIP LEINBACH

PD

02/26/2002

Electronic Signature of Signing Officer or Director

Date